

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90095 029 ****61.25

0041089

DOCUMENT # N95000000248

1. Entity Name

SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRIDGE, INC.



Principal Place of Business

**2994 JOG RD
SUITE B
GREENACRES FL 33467**

Mailing Address

**2994 JOG RD
SUITE B
GREENACRES FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0610171**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELFAND, MICHAEL J ESQ.
ONE CLEARLAKE CENTRE, SUITE 1010
250 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401-5014**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	REICH, HOWARD	
STREET ADDRESS	2715 POINTE CIR	
CITY-ST-ZIP	W. PALM BEACH FL 33413	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAGIDSON, HOWARD	
STREET ADDRESS	2744 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGAL, JERRY	
STREET ADDRESS	2715 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	S	<input type="checkbox"/> Delete
NAME	JULES, ERWIN	
STREET ADDRESS	2718 POINTE CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIND, DONALD	
STREET ADDRESS	2732 POINTE CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, LEN	
STREET ADDRESS	2745 POINTE CIR	
CITY-ST-ZIP	W APLM BEACH FL 33413	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jerry VOGAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2751 Poine Circle	
STREET ADDRESS	W Palm Beach FL 33413	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM DALOFF	
STREET ADDRESS	2727 Poine Circle	
CITY-ST-ZIP	W. Palm Beach FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	L & W Stein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2745 Poine Circle	
STREET ADDRESS	W. Palm Beach FL 33413	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-03

561 357 7473

CR2E037 (10/02)