2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 8:00 am

1. Entity Name	MENT # 721438 and association, inc.					4-26-2007 S	_			
Principal Place of Business 3010 N.E. 16TH AVENUE P.O. BOX 706 OAKLAND PARK, FL 33334		Mailing Address 3010 N.E. 16TH AVENUE P.O. BOX 706 OAKLAND PARK, FL 33334			40084	4 o 4	- 11411 21211 3 18			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address)		BARA BIRIN DID.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182007 Chg-NP CR2E037 (12/06)					_
City & State		City & State			4. FEI Number 59-144035	3		J———	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New Re	gistered A	gent]
BOZZONE, BARBARA 3010 N.E. 16TH AVE.			Name Street A	ddress (P.	D. Box Number is t	Voi Acceptable				-
#105 OAKLAND PARK, FL 33334								,		1
			City				FL	Zip Cod	de	1
the obligation of the structure of the s	named entity submits this statement for ions of registered agent	the purpose of changing its re	egistered office of	r registered	agent, or both, in	the State of Flo	rida. Fam f	amiliar with	, and accept	
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: F	Registered Agent signal	lure required wi	nen reinstating)		/ DATE			
	Signature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing		5.00 May Be dded to Fees			payable trent of S		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	□ \$	55.00 May Be	Flori	da Depan	tment of S	State	
\$ 7	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D ASTON, GEOFFREY 3010 NE 16TH AVENUE #302	9. Election Camp Trust Fund Co	paign Financing antribution. 11. TITLE NAME STREET ADDRESS	□ \$	55.00 May Be dded to Fees	Flori	da Depan	tment of S	State	
10. TITLE 1/2 NAME STREET ADDRESS CITY-SI-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI D ASTON, GEOFFREY 3010 NE 16TH AVENUE #302 FT LAUDERDALE, FL 33334 SD	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	AC	55.00 May Be dded to Fees DITIONS/CHANG	Flori	da Depart	TECTORS II	N 10	
10. TITLE 12 NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI D ASTON, GEOFFREY 3010 NE 16TH AVENUE #302 FT LAUDERDALE, FL 33334 SD KNAPP IRENE	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AC Sec	55.00 May Be dded to Fees DITIONS/CHANG	Flori	da Depart	RECTORS II	N 10 Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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. 07

SIGNATURE:

339UZ ING OFFICER OR DIRECTOR 954-791-2810

Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #721438 1. Entity Name RIVER BEND ASSOCIATION, INC. ATTACHMENT 400<u>84434</u> Principal Place of Business Mailing Address 3010 N.E. 16TH AVENUE 3010 N.E. 16TH AVENUE P.O. BOX 706 P.O. BOX 706 OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1440353 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOZZONE, BARBARA Street Address (P.O. Box Number is Not Acceptable) 3010 N.E. 16TH AVE. #105 OAKLAND PARK, FL 33334 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition ASTON, GEOFFREY NAME NAME 3010 NE 16TH AVENUE #302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY-ST-ZIP Secretary Bd. New Change Delete TITI F TITLE KNAPP, IRENÈ NAME NAME STREET ADDRESS 3010 NE 16 AVE #503 STREET ADDRESS 3010 71 & 16 ase. H. Lood. H. 33334 FORT LAUDERDALE, FL 33334 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME LITTLE, SEAN NAME STREET ADDRESS 3010 NE 16TH AVE 404 STREET ADDRESS FORT LAUDERDALE, FL 33334 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOZZONE, BARBARA NAME NAME STREET ADDRESS 3010 NF 16TH AVE #105 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE VPD Delete TITLE Change ☐ Addition NAME SYKES, RICKY NAME STREET ADDRESS 3010 NE 16TH AVE #102 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR