

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90028 047 \*\*\*\*61.25

**DOCUMENT # 743983**

1. Entity Name  
**RIVERLAND WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2440 WOODSIDE DRIVE  
 FT. LAUDERDALE, FL 33312**

Mailing Address  
**2440 WOODSIDE DRIVE  
 FT. LAUDERDALE, FL 33312**

**34040004**



2. Principal Place of Business  
**2521 Woodside Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2521 Woodside Dr.**  
 Suite, Apt. #, etc.

04022004 Chg-NP CR2E037 (10/03)

City & State  
**Ft. Lauderdale FL**

City & State  
**Ft. Lauderdale FL**

4. FEI Number  
**59-1872767**

Applied For  
 Not Applicable

Zip  
**33312**

Country  
**USA**

Zip  
**33312**

Country  
**USA**

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

**KAPLAN; LARRY-R  
 2440 WOODSIDE DRIVE  
 FORT LAUDERDALE, FL 33312**

Name **William M. Serda**

Street Address (P.O. Box Number is Not Acceptable)  
**2601 Woodside Dr.**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33312**

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

*William M. Serda*

**4.2.04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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 **TD**  Delete  
 NAME **STOCK, STEPHANY**  
 STREET ADDRESS **2550 WOODSIDE DR**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **TD**  Change  Addition  
 NAME **William Serda**  
 STREET ADDRESS **2601 Woodside Dr.**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **VPD**  Delete  
 NAME **BURESH, FRED**  
 STREET ADDRESS **2521 WOODSIDE DRIVE**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **P**  Change  Addition  
 NAME **Fred Buresh**  
 STREET ADDRESS **2521 Woodside Dr.**  
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

TITLE **SD**  Delete  
 NAME **GARDNER, GINGER**  
 STREET ADDRESS **2411 WOODSIDE DRIVE**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **SD**  Change  Addition  
 NAME **Stephante Levia**  
 STREET ADDRESS **2501 Woodside Dr.**  
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

TITLE **D**  Delete  
 NAME **CALLAHAN, HENRY**  
 STREET ADDRESS **2500 WOODSIDE DRIVE**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D**  Change  Addition  
 NAME **Jay Verkey**  
 STREET ADDRESS **2600 Woodside Dr.**  
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

TITLE **P**  Delete  
 NAME **KAPLAN, LARRY**  
 STREET ADDRESS **2440 WOODSIDE DRIVE**  
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **VPD**  Change  Addition  
 NAME **Paul Schuler**  
 STREET ADDRESS **2500 Woodside Dr.**  
 CITY-ST-ZIP **Ft. Lauderdale FL 33312**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *William M. Serda* **William M. SERDA** **4.2.04** **305-525-5500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #