2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 748356

1. Entity Name

R. H. GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

RIVERHOUSE GARDENS CONDO ASSOCJING.

RIVERHOUSE GARDENS CONDO ASSOC, INC.

322 NORTH FEDERAL HWY DEERFIELD BEACH FL 33441 US			322 NORTH FEDERAL HWY DEERFIELD BEACH FL 33441 US								
2. Principal Place of Business - No P.O. Box #			3. Marling Address								
Suite, Apt. #, etc			Suite, Apt. #. etc			2nd MOORE CR2E037 (4/07)					
City & State			City & State			4. FEI Number	59-1928287			olied For Applicable	
Zip		Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			tional		
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent					
RIVER HOUSE GARDENS CONDO. ASSOC, INC. 322 NORTH FEDERAL HWY DEERFIELD BEACH FL 33441					Name Street Address (P.O. Box Number is Not Acceptable)						
		왕() 왕()		City			FL Zip Code				
	ions of regist		the purpose of changing its	registered office o	-		the State of Floric	da. Lam famil	iar with, a	and accept	
	FILE NOW	: FEE IS \$61.25 ptember 5, 2007		paign Financing		\$5.00 May Be Added to Fees		Check Pa Departme			
10.		. OFFICERS AND DIR	ECTORS	11.	Δ[ODITIONS/CHANG	SES TO OFFICERS	AND DIRECT	ORS IN	10	
STREET ADDRESS	1	Y, KAREN I FEDERAL HWY #232 D BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M, ROSE I FEDERAL HWY #224 D BEACH FL 33441	Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
	322 NORTH	YRE, HAYLEY I FEDERAL HWY #122 D BCH FL 33441	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Ran 222 Dee	nond M N. Fede ufieldbo	laxwell val Hwy + :L. Pla =	Ø ₹ <i>203</i> 3344/	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AN ERAL HWY #214) BEACH FL 33441	X Delete	NAME STREET ADDRESS CITY-ST-ZIP	1				Change	Addition	
	1	CAROL A I FEDERAL HWY #136 D BEACH FL 33441	Delete	NAME STREET ADDRESS CITY ST-ZIP	San 222 Dec	glas Pat N. Eede N. Eede N. Fede Suld	ongo al Hwy bcl. Pla	X Y #110 33441	Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>V</i>			Change	Addition	

12. Thereby 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:

FILED

Aug 24, 2007 8:00 am Secretary of State 08-24-2007 90024 029 ****61.25