


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90144 040 ****61.25

DOCUMENT # 748356 1. Entity Name R. H. GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business RIVERHOUSE GARDENS CONDO ASSOC, INC. 322 NORTH FEDERAL HWY DEERFIELD BEACH, FL 33441 US			Mailing Address RIVERHOUSE GARDENS CONDO ASSOC, INC. 322 NORTH FEDERAL HWY DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business - No P.O. Box # Same		3. Mailing Address Same		4. FEI Number 59-1928287	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		Applied For <input type="checkbox"/> Not Applicable	
City & State 		City & State 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 		Country 		6. Name and Address of Current Registered Agent RIVER HOUSE GARDENS CONDO. ASSOC, INC. 322 NORTH FEDERAL HWY DEERFIELD BEACH, FL 33441	
7. Name and Address of New Registered Agent Name Same 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: <u><i>Rose Mukaddam (President) RMG</i></u> 4/19/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP FRICOVSKY, KAREN 322 NORTH FEDERAL HWY #232 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUKADDAM, ROSE 322 NORTH FEDERAL HWY #224 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAXWELL, RAMOND 222 NORTH FEDERAL HWY #203 DEERFIELD BCH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, DOUGLAS 322 NORTH FEDERAL HWY #127 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONGO, SANDRA 222 NORTH FEDERAL HWY #110 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Rose Mukaddam (President)</i></u> 4/19/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Only titles changes thanks RM