2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751146

FILED Apr 13, 2006 Secretary of State

Entity Name: RIVEREDGE OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current B								
Current Principal Place of Business:				New Prir	New Principal Place of Business:			
	HWIND DRIVE				THWIND DRIVE	≣		
F-2 NORTH PA	ALM BEACH, FL	33408	US	D-2 NORTH F	PALM BEACH, I	FL 33408	US	
Current Mailing Address:				New Mai	New Mailing Address:			
412 SOUTHWIND DRIVE				412 SOU	412 SOUTHWIND DRIVE			
F-2 NORTH PA	ALM BEACH, FL	33408	US	D-2 NORTH F	PALM BEACH, I	FL 33408	US	
FEI Number:	: 59-2295177	FEI Numbe	r Applied For()	FEI Number Not Ap	plicable ()	Certificate of	f Status Desired ()	
Name and	I Address of Cur	rent Reg	istered Agent:	Name an	d Address of N	lew Registe	ered Agent:	
412 SOUT D-2	RA, RONALD L HWIND DR ALM BEACH, FL	33408 L	JS					
	named entity sub e of Florida.	omits this	statement for the pu	urpose of changing	its registered o	ffice or regis	stered agent, or both,	
SIGNATU	RE:							
	Electronic	Signature	of Registered Ager	nt		Date	e	
OFFICER	S AND DIRECTO	RS:		ADDITIO	NS/CHANGES	TO OFFICE	RS AND DIRECTORS	
OFFICER: Title: Name: Address: City-St-Zip:	P () De HOEKSTRA, RONA 412 SOUTHWIND I NORTH PALM BEA	elete ALD L DR D-2	408	ADDITIO Title: Name: Address: City-St-Zip:		TO OFFICE		
Title: Name: Address:	P () De HOEKSTRA, RONA 412 SOUTHWIND	elete ALD L DR D-2 ACH, FL 33 elete DR, #H-1		Title: Name: Address:			ddition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	P () De HOEKSTRA, RONA 412 SOUTHWIND I NORTH PALM BEA S () De LUNDEEN, TOM 412 SOUTHWIND	elete ALD L DR D-2 ACH, FL 33 elete DR, #H-1 ACH, FL 33 elete GORGE DR, #F-2		Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X JENKINS, PATI 412 SOUTHWII) Change () Ar) Change () Ar) Change () A RICK ND DR, #A-1	ddition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	P () DE HOEKSTRA, RONA 412 SOUTHWIND IN NORTH PALM BEALUNDEEN, TOM 412 SOUTHWIND IN NORTH PALM BEALUNDEEN, GE 412 SOUTHWIND IN DECOMMANDER, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT IN THE PALM BEALUNDEEN, GE 412 SOUTHWIND IN IT	elete ALD L DR D-2 ACH, FL 33 elete DR, #H-1 ACH, FL 33 elete CORGE DR, #F-2 IL 33408 elete ITA E DR #F-2	408	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X JENKINS, PATI 412 SOUTHWII N PALM BEACH D (X DORNBUSCH, 412 SOUTHWII) Change () Ad) Change () Ad) Change () Ad RICK ND DR, #A-1 H, FL 33408) Change () A SUE ND DR #H-2	ddition ddition ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L HOEKSTRA P 04/13/2006