

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 046 ****61.25

DOCUMENT # 756960

1. Entity Name
MIDDLE RIVER TOWNHOUSES ASSOCIATION, INC.



Principal Place of Business
87 NE 17TH CT
FT. LAUDERDALE, FL 33305 US

Mailing Address
87 NE 17TH CT
FT. LAUDERDALE, FL 33305 US

50008379



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2267447

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BREENE, ROD
87 NE 17TH CT
FT. LAUDERDALE, FL 33305

Name

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

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, 2006

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KIMBALL, KEVIN
81 NE 17TH CT
FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BREENE, ROD
87 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BUCOLO, JAMES
93 NE 17TH CT
FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHIRES, KARL
97 NE 17TH CT
FORT LAUDERDALE, FL 33305 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sander Ann
89 NE 17 CT
Fort Lauderdale FL 33305 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAMS, CHARLES
99 NE 17TH CT
FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06 954 467 3391