

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 757239**

1. Entity Name  
**RIVERGATE TOWNHOUSES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1301 N. RIVERSIDE DRIVE  
#20  
POMPANO BEACH, FL 33062**

Mailing Address  
**1301 N. RIVERSIDE DRIVE  
#20  
POMPANO BEACH, FL 33062**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2111361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312-3525**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROUPINIAN, CAROL
STREET ADDRESS	1301 N RIVERSIDE DRIVE, # 18
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	V
NAME	PARRISH, GERRY
STREET ADDRESS	1301 N RIVERSIDE DRIVE, # 7
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	T
NAME	GASPARRO, PETER
STREET ADDRESS	1301 N. RIVERSIDE DRIVE #2
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	S
NAME	ROSENKRANTZ, DAVID
STREET ADDRESS	1301 N. RIVERSIDE DRIVE, #5
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000833925  
02/28/08-80032-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** PETER GASPARRO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/08 954 942 3907  
Date Daytime Phone #