

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000435

FILED
Jan 20, 2009
Secretary of State

Entity Name: LE RIVAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8833 CLINTMOLE RD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

9045 W FONTANA BLVD
SUITE 101
BOCA RATON, FL 33434

New Mailing Address:

C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD SUITE 101
BOCA RATON, FL 33434

FEI Number: 65-1086101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS & SAX
301 YAMATO ROAD SUITE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SACHS, SAX & CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

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.

SIGNATURE: LOUIS CAPLAN

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAWZI, LOUISE
Address: 9045 LA. FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: BAEZ, MIRIAM
Address: 9045 LA FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: MILLER, LINDA
Address: 9045 LAFOUNTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAWZI, LOUISE
Address: 9045 LA. FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LOUISE FAWZI

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date