2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N01000003918

Entity Name: RIVERSEDGE HOMEOWNERS ASSOCIATION OF BROWARD, INC.

Current Principal Place of Business:

461 SW 5TH AVE.
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

461 SW 5TH AVE.
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 10-0000391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEILAN, ALBERTO L
461 SW 5TH AVE.
FT. LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVER, PERRY
Address: 451 SW 5TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD ( ) Delete
Name: WAGNER, KATHLEEN
Address: 453 SW 5TH AVE.UE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: STD ( ) Delete
Name: MEILAN, ALBERTO L
Address: 461 SW 5TH AVE.UE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVER, PERRY
Address: 451 SW 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD (X) Change ( ) Addition
Name: WAGNER, KATHLEEN
Address: 453 SW 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: STD (X) Change ( ) Addition
Name: MEILAN, ALBERTO L
Address: 461 SW 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: ALBERTO L. MEILAN STD 04/05/2009

Electronic Signature of Signing Officer or Director — Date