

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # N02000003042

1. Entity Name  
RIVERSTONE HOMEOWNERS ASSOCIATION, INC.



08 MAR 26 AM 7:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~318 INDIAN TRACE~~  
~~PMB 107~~  
~~WESTON, FL 33326 US~~

Mailing Address  
~~318 INDIAN TRACE~~  
~~PMB 107~~  
~~WESTON, FL 33326 US~~

3.27.08 LY



2. Principal Place of Business - No P.O. Box #  
11784 W. Sample Rd  
Suite, Apt. #, etc. #103

3. Mailing Address  
11784 W. Sample Rd  
Suite, Apt. #, etc. #103

02182008 Chg-NP CR2E037 (12/06)

City & State  
Coral Springs, FL  
Zip 33065 Country USA

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Coral Springs, FL  
Zip 33065 Country USA

4. FEI Number  
04-3658941 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KATZMAN & KORR, P.A.~~  
~~1501 NORTHWEST 49TH STREET - SUITE 202~~  
~~FORT LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent

Name United Community Mgt. Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
11784 West Sample Rd #103  
City Coral Springs FL 33065

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 Denise Kattauer U.P. Finance United Comm Mgt zlid08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGANHEIM, ART	
STREET ADDRESS	<del>318 INDIAN TRACE #107</del>	
CITY-ST-ZIP	<del>WESTON, FL 33326</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<del>GCHILLEGAS, LAUREN PETTINI</del>	
STREET ADDRESS	<del>318 INDIAN TRACE #107</del>	
CITY-ST-ZIP	<del>WESTON, FL 33326</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JANI, KAMAL	
STREET ADDRESS	<del>318 INDIAN TRACE #107</del>	
CITY-ST-ZIP	<del>WESTON, FL 33326</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLLINS, GINGER	
STREET ADDRESS	<del>318 INDIAN TRACE #107</del>	
CITY-ST-ZIP	<del>WESTON, FL 33326</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLINICK, ADAM	
STREET ADDRESS	<del>318 INDIAN TRACE #107</del>	
CITY-ST-ZIP	<del>WESTON, FL 33326</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>14922 S.W. 33 Street</u>	
STREET ADDRESS	<u>DAVIE, FL 33331</u>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Villagas, Lauren</u>	
STREET ADDRESS	<u>14958 S.W. 40 Street</u>	
CITY-ST-ZIP	<u>DAVIE, FL 33331</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>15000 S.W. 35 Street</u>	
STREET ADDRESS	<u>DAVIE, FL 33331</u>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>14942 S.W. 36 Street</u>	
STREET ADDRESS	<u>DAVIE, FL 33331</u>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>943 S.W. 87 Ave</u>	
STREET ADDRESS	<u>Miami, FL 33174</u>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>200122761172</u>	
STREET ADDRESS	<u>04709/08--01044--005</u>	
CITY-ST-ZIP	<u>**61.25</u>	

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 #