2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000008686

1. Entity Name
RIVERGLEN "A" AT COQUINA LAKES HOMEOWNERS ASSOCIATION, INC.



03-06-2006 90010 026 ****61.25

Mar 06, 2006 8:00 am Secretary of State

FILED

Principal Place of Business
C/O QUALITY MANAGEMENT
1761 WEST HILLSBORO BLVD, SUITE 320
DEERFIELD BEACH, FL 33442

Mailing Address

C/O QUALITY 1761 WEST I DEERFIELD B	1 WEST HILLSBORO	ALITY MANAGEMENT VEST HILLSBORO BLVD, SUITE 320 IELD BEACH, FL 33442				18 08 60 188 1						
2. Principal Pl	lace of Business	Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006 Chg-NP CR2E037 (11/05)					
City & State			City & State				4. FEI Number Applied For 20-0690412 Not Applicable					
Zip	Country Zip			Country			5. Certificate of Status Desired See Required Fee Required					
							7. Name an	d Address	s of New R	legistered	Agent	
LEVINE AND BURR, ATTORNEYS JAY STEVEN LEVINE, P.A.					Name Street A	ddress (f	P.O. Box Num	ber is Not	Acceptable	9)		
	LITARY TRAIL, SUITE 4 FON, FL 33431	90										
					City					FL	Zip Coo	le
	named entity submits this state	ement for the purp	oose of changing its r	egistere	d office o	r register	ed agent, or b	oth, in the	State of Flo	orida. 1 am	familiar with	, and accept
the obligati	the obligations of registered agent.											
SIGNATURE .	CIONATURE											
Sidi Williams	Signature, typed or printed name of registr	ered agent and title if ap	plicable. (NOTE:	Registered	d Agent signal	bure required	when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Fir Trust Fund Contribution			\$5.00 May Be Added to Fees			Make check payable to Florida Department of State			
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10.		AND DIRECTORS	<u> </u>	11.			ADDITIONS/C		O OFFICE	RS AND D	IRECTORS II	
TITLE	OFFICERS PD	AND DIRECTORS	Delete □	TITLE		, , , , , , , , , , , , , , , , , , ,			O OFFICE	RS AND D	IRECTORS IN	
TITLE NAME	OFFICERS PD RIDGEWAY, BOB	AND DIRECTORS		TITLE		,			TO OFFICE	RS AND D		V 10
TITLE NAME STREET ADDRESS	OFFICERS PD RIDGEWAY, BOB 407 NW 48TH AVE			TITLE NAME STREE	ET ADDRESS	<i>,</i>			O OFFICE	RS AND D		V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PD RIDGEWAY, BOB 407 NW 48TH AVE DEERFIELD BEACH, FL		☐ Delete	TITLE NAME STREI CITY	ET ADDRESS •St-Zip				TO OFFICE	RS AND D	☐ Change	N 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS PD RIDGEWAY, BOB 407 NW 48TH AVE			TITLE NAME STREE	ET ADDRESS ST-ZIP	,			TO OFFICE	RS AND D		V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS PD RIDGEWAY, BOB 407 NW 48TH AVE DEERFIELD BEACH, FL VPD		☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	,			TO OFFICE	RS AND D	☐ Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME	OFFICERS PD RIDGEWAY, BOB 407 NW 48TH AVE DEERFIELD BEACH, FL VPD DISHER, JACK	33442	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP				ro office	RS AND D	☐ Change	N 10 Addition
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I hereby certify that the information supplied with this fling 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:

DISTER VACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR