2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90220 019 ****61.25

DOCUMENT	`#NC)3000(008686
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1. Entity Name RIVERGLEN "A" AT COQUINA LAKES HOMEOWNERS



ASSOCIA	ATION, INC.					
Principal Place of Business C/O QUALITY MANAGEMENT C/O QUALITY MANAGEMENT T761 WEST HILLSBORO BLVD, SUITE 320 DEERFIELD BEACH, FL 33442 Mailing Address C/O QUALITY MANAGEMENT 1761 WEST HILLSBORO BLVD, S DEERFIELD BEACH, FL 33442		D BLVD, SUITE 320				
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02282008 Chg-NP CR2E037 (12/06)		
City & State	0	City & State		4. FEI Number Applied For 20-0690412 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
LEVINE A	ND BURR, ATTORNEYS		Name F/	Name FRED SOKRAJAC		
JAY STEV	EN LEVINE, P.A.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	LITARY TRAIL, SUITE 490 TON, FL 33431		(2/	1 W HICE GOTO BLUB # 312		
BOCKIO	TON, 12 33431		977 CEN	FIRE BEAGE FL 329942		
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or red	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	tions of registered agent.		1			
SIGNATURE Signature, typod or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		4.51.11.01				
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund (npaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	D Decete	IUITE	☐ Change ☐ Additio		
NAME	HERISI, DAVE		NAME			
STREET ADDRESS CITY-ST-ZIP	618 NW 47 AVE DEERFIELD BEACH, FL 33442		STREET ADDRESS CIFY-S1-ZIP			
TITLE	VPD	(2) € Belete	TITLE	↑↑ Change Additio		
NAME	DISHER, JACK	∠ Beleae	NAME	Mow P Change Addition		
STREET ADDRESS	575 NW 47 TERRACE		STREET ADDRESS	' Note P		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	/ 10 00 /		
TITLE	TD	☐ Delete	IUTE	☐ Change ☐ Additio		
NAME	KEENAM, ALISON		NAME			
STREET ADDRESS . CITY-ST-ZIP	231,NW 45TH AVE		STREET ADDRESS == CITY-ST-ZIP			
TITLE	P	Delete	TITLE	☐ Change ☐ Additio		
NAME	FORD, WESTEN	S	NAME	_ Comps		
STREET ADDRESS	4795 NE 5TH CT		STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP			
TITLE	D HARTMAN IKOE	Delete	TITLE	LE ANTONAN. Change Addition		
NAME Street Address	HARTMAN, JKOE 223 NW 45TH AVE		NAME STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	HANTMAN. Change Addition		
TITLE		Delete	TITLE	☐ Change ☐ Additio		
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
ļ	certify that the information cumplied with	h this filing does not qualify to	CITY-ST-ZIP	ained in Chapter 119, Florida Statutes. I further certify that the information		
	come and anomination toubbilled with	ming acod not quality to	" "" ovolubilote coluis	and a simple i regis reside diameter. I territor contra traditional montheres		

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 of 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 others, with all others.

SIGNATURE:

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