2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400003592



Apr 03, 2006 8:00 am Secretary of State

FILED

EAGLE TRACE AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.						04-03-2006 90354 020 ****61.25				
Principal Place of Business 1750 N FLORIDA MANGO RD #200			Mailing Address 1750 N FLORIDA MANGO RD #200							
WEST PALM I	BEACH, FL	33409	WEST PALM BEACH, F	EST PALM BEACH, FL 33409						
2. Principal Place of Business TH 4000 SOUTH 57 AUS. 3.			3. Mailing Address 4000 SOUTH 57 AUR							
(Suite Apt. #, etc.			Suite Apt. #, etc.			03212006	Chg-NP	CR2E037	(11/05)	
City & State LAKEWORTH FL.			City & State LAKA WOATH FL			4. FEI Number 13-42892	206			olied For Applicable
Zip 334		Country PALM BBACH	^{Zip} 33463	PALM	BBACH	1		□ Ė∈	8.75 Addi ee Required	
6. Name and Address of Current Registered Agent							ddress of New F		ent	
MACK, ANDREW						ATOW JERRY				
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WEST PALM BEACH, FL 33409						CB WOR		FL	Zi <u>p</u> Code	
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the obligati	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing it	s registered of	ice or register	red agent, or both,	in the State of Fk	orida. I am far	miliar with, a	and accept
SIGNATURE Signature typed or printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature (yped	or printers name or registered agent ar	nd title it applicable. (NO	E: Registered Agen	signature required	d when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling 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

Daytime Phone #

Date