

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

DOCUMENT # N04000003592

1. Entity Name
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
WEST PALM BEACH, FL 33409

Mailing Address
1750 N FLORIDA MANGO RD
#200
WEST PALM BEACH, FL 33409



2. Principal Place of Business
4000 SOUTH 57 AVE.

3. Mailing Address
4000 SOUTH 57 AVE

Suite/Apt. #, etc.
101

Suite/Apt. #, etc.
101

City & State
LAKE WORTH FL.

City & State
LAKE WORTH FL.

Zip Country
33463 PALM BEACH

Zip Country
33463 PALM BEACH

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
13-4289206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACK, ANDREW
1750 N FLORIDA MANGO RD
#200
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name FLATOW JERRY
Street Address (P.O. Box Number is Not Acceptable)
4000 SOUTH 57 AVE.
SUITE 101
City LAKE WORTH FL Zip Code 33463

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	MACK, ANDREW	1750 N FLORIDA MANGO RD #22	WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/>
VD	MACK, ERIK	1750 N FLORIDA MANGO RD #22	WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/>
SD	MACK, ALAN	1750 N FLORIDA MANGO RD #22	WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	HARRIS ROGER	6723 EAGLE RIDGE DRIVE	GREENACRES, FL 33413	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	HOSTYN PETER	221 ATLANTIC AVE.	PALM BEACH, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	KRAUSE VIRGINIA	6684 EAGLE RIDGE DRIVE	GREENACRES, FL 33413	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	BARA SORIN	6714 EAGLE RIDGE DRIVE	GREENACRES, FL 33413	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	BURR HANNELORE	6672 EAGLE RIDGE DRIVE	GREENACRES, FL 33413	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

561-355-4698