


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 026 ****61.25

DOCUMENT # N04000003592 1. Entity Name EAGLE TRACE AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4000 S 57TH AVE 101 LAKE WORTH, FL 33463			Mailing Address 4000 S 57TH AVE 101 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 13-4289206				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLATOW, JERRY 4000 S 57 AVE STE 101 LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGER, HARRIS EAGLE RIDGE DR WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS ROGER 6723 EAGLE RIDGE DR. GRABENACRS, FL. 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOSTYN, PETER 221 ATLANTIC AVE PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAUSE, VIRGINIA 6684 EAGLE RIDGE DR WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS ADA 6723 EAGLE RIDGE DR. GRABENACRS, FL. 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARA, SORIN 6714 EAGLE RIDGE DR WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURR, HANKELORE 6672 EAGLE RIDGE DR WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <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: <i>Harvey R. Hines, Pres</i>			3-14-07 561-355468		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		