

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000009530

1. Entity Name
RIVER GARDEN SWEETING ESTATES HOMEOWNER
ASSOCIATION, INC.



Principal Place of Business

529 NW 22ND AVE
FORT LAUDERDALE, FL 33311

Mailing Address

529 NW 22ND AVE
FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-3099819

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, RICHARD PRESIDE
529 N.W. 22ND AVE
FORT LAUDERDALE, FL 33311

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IN THIS SPACE**

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

10.

OFFICERS AND DIRECTORS

TITLE D
NAME RUSSELL, RICHARD
STREET ADDRESS 529 N.W. 22ND AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D
NAME WRIGHT, LISA
STREET ADDRESS 529 N.W. 22ND AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D
NAME WRIGHT, MELVIN
STREET ADDRESS 529 N.W. 22ND AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

3-23-06 954-583-7152

Date

Daytime Phone #