2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009530

FILED Apr 15, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

529 N.W. 22ND AVE 500 NW 21 TER

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

529 N.W. 22ND AVE 500 NW 21 TER

FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

FEI Number: 20-3099819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSELL, RICHARD PRESIDE WESTON, SHANIKKA PRES 529 N.W. 22ND AVE 500 NW 21 TER

FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33311 US

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.

SIGNATURE: SHANIKKA WESTON 04/15/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

FORT LAUDERDALE, FL 33311

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FORT LAUDERDALE, FL 33311

itle: D () Delete Title: P/D (X) Change () Addition

 Name:
 RUSSELL, RICHARD
 Name:
 WESTON, SHANIKKA

 Address:
 529 N.W. 22ND AVE
 Address:
 500 NW 21 TER

City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete Title: V/D (X) Change () Addition Name: WRIGHT, LISA Name: WESTON, HENRY

Address: 529 N.W. 22ND AVE Address: 500 NW 21 TER

Title: D () Delete Title: T/D (X) Change () Addition

 Address:
 529 N.W. 22ND AVE
 Address:
 532 N.W. 22ND AVE

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:
 FORT LAUDERDALE, FL 33311

Title: () Delete Title: S/D () Change (X) Addition

 Name:
 Name:
 JACKSON, MARTINIA

 Address:
 Address:
 517 N.W. 22ND AVE

 City-St-Zip:
 City-St-Zip:
 FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANIKKA WESTON PRES 04/15/2008