

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90015 035 \*\*\*\*61.25

<b>DOCUMENT # N05000003911</b>					
<b>1. Entity Name</b> RIVERSIDE TOWNHOMES OF TAMARAC HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> CCM INC. 100324 W. MCNAB RD. TAMARAC, FL 33321 US			<b>Mailing Address</b> CCM INC. 100324 W. MCNAB RD. TAMARAC, FL 33321 US		
<b>2. Principal Place of Business - No P.O. Box #</b> CCM Inc.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 100324 W. MCNAB RD		Suite, Apt. #, etc.			
City & State Tamarac FL		City & State			
Zip 33321	Country USA	Zip	Country	<b>4. FEI Number</b> 20-2791616	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROUGH, CHADROW & LEVINE PA ATTN: SCOTT 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address			Street Address		
City			City		
State			State		
Zip Code			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to - Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SEC PD	<b>NAME</b> FARIED, SAMY	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5931 RIVERSIDE AVENUE	<b>CITY-ST-ZIP</b> TAMARAC, FL 33321		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD	<b>NAME</b> GUGLIETTA, JORGE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5923 RIVERSIDE AVENUE	<b>CITY-ST-ZIP</b> TAMARAC, FL 33321		<b>NAME</b> SOBEY LUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD	<b>NAME</b> BEDOUA, HAROLD	<input checked="" type="checkbox"/> Delete	<b>NAME</b> 100324 W. MCNAB RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5911 RIVERSIDE AVENUE	<b>CITY-ST-ZIP</b> TAMARAC, FL 33321		<b>STREET ADDRESS</b> TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b> P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>NAME</b> HERNANDEZ ALEX	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 10032 W. MCNAB RD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			<b>ALEXANDER HERNANDEZ</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/10/2008 Daytime Phone #: 954 718 7044		
<b>PRESIDENT OF HOA</b>					

40048040



01032008 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
20-2791616

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BROUGH, CHADROW & LEVINE PA  
ATTN: SCOTT  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326

Name

Street Address

City

FL

Zip Code

**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, 2008**

**9. Election Campaign Financing** ☐ **\$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** SEC PD ☐ Delete  
**NAME** FARIED, SAMY  
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**TITLE** STD ☒ Delete  
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**TITLE** VD ☒ Delete  
**NAME** BEDOUA, HAROLD  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** PRES ☐ Change ☐ Addition  
**NAME** SOBEY LUIS  
**STREET ADDRESS** 100324 W. MCNAB RD  
**CITY-ST-ZIP** TAMARAC FL 33321

**TITLE** P ☐ Change ☐ Addition  
**NAME** HERNANDEZ ALEX  
**STREET ADDRESS** 10032 W. MCNAB RD  
**CITY-ST-ZIP** TAMARAC FL 33321

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRESIDENT OF HOA**