

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003911

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** RIVERSIDE TOWNHOMES OF TAMARAC HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CCM INC.  
100324 W. MCNAB RD.  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

CCM INC.  
100324 W. MCNAB RD.  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 20-2791616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARIED, SAMY  
Address: 5931 RIVERSIDE AVENUE  
City-St-Zip: TAMARAC, FL 33321 US

Title: T ( ) Delete  
Name: SOUEY, LUIS  
Address: 10034 W MCNAB RD  
City-St-Zip: FORT LAUDERDALE, FL 33321 US

Title: P ( ) Delete  
Name: HERNANDEZ, ALEX  
Address: 10032 W MCNAB RD  
City-St-Zip: FORT LAUDERDALE, FL 33321 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: FARIED, SAMY  
Address: 5931 RIVERSIDE AVENUE  
City-St-Zip: TAMARAC, FL 33321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEX HERNANDEZ

P

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date