
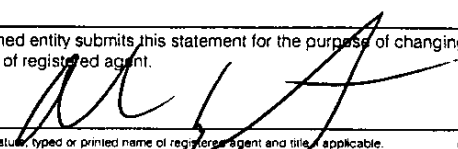
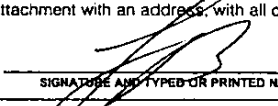


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90154 009 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                              |                                                                                                                                                                                                                |                                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # N05000007932                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                              |                                                                                                                                                                                                                |         |                                                                              |
| 1. Entity Name<br>RIVERSIDE GRANDE CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                              |                                                                                                                                                                                                                |                                                                                          |                                                                              |
| Principal Place of Business<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                                              | Mailing Address<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180                                                                                                                                         |                                                                                          |                                                                              |
| 2. Principal Place of Business<br>C/O DCI - 2035 Harding St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | 3. Mailing Address<br>C/O DCI - 2035 Harding St                                                              |                                                                                                                                                                                                                |                                                                                          |                                                                              |
| Suite, Apt. #, etc.<br>Suite 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | Suite, Apt. #, etc.<br>Suite 200                                                                             |                                                                                                                                                                                                                |                                                                                          |                                                                              |
| City & State<br>Hollywood, Fl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | City & State<br>Hollywood, Fl.                                                                               |                                                                                                                                                                                                                | 4. FEI Number<br>20-3257718                                                              |                                                                              |
| Zip<br>33020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | Country<br>Broward                                                                                           |                                                                                                                                                                                                                | Country                                                                                  |                                                                              |
| 33020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 33020                                                                                                        |                                                                                                                                                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>ROUSSO, MARK E<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Meyrowitz, Andrew<br>Street Address (P.O. Box Number is Not Acceptable)<br>2035 Harding St.<br><br>Suite 200<br>City<br>Hollywood, FL Zip Code<br>33020 |                                                                                          |                                                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | DATE<br>4/5/06                                                                                               |                                                                                                                                                                                                                |                                                                                          |                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                                                                | Make check payable to<br>Florida Department of State                                     |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                              |                                                                                                                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                            | <input type="checkbox"/> Delete                                                                              |                                                                                                                                                                                                                | TITLE                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BOULANGER, LAURIS             |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18851 NE 29TH AVE., SUITE 900 |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AVENTURA, FL 33180            |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                           | <input checked="" type="checkbox"/> Delete                                                                   |                                                                                                                                                                                                                | TITLE                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BOULANGER, LORRIS JR.         |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     | Maffeo, Jr. Louis                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18851 NE 29TH AVE., SUITE 900 |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           | 821 Riverside Dr. Unit 704                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AVENTURA, FL 33180            |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              | Pompano Beach, Fl 33062                                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                            | <input type="checkbox"/> Delete                                                                              |                                                                                                                                                                                                                | TITLE                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ROUSSO, MARK                  |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18851 NE 29TH AVE., SUITE 900 |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AVENTURA, FL 33180            |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                                                                                                                | TITLE                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                                                                                                                | TITLE                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                                                                                                                | TITLE                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                              |                                                                                                                                                                                                                | NAME                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                              |                                                                                                                                                                                                                | STREET ADDRESS                                                                           |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                              |                                                                                                                                                                                                                | CITY-ST-ZIP                                                                              |                                                                              |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | DATE: 3/15/06                                                                                                |                                                                                                                                                                                                                | DAYTIME PHONE #: 305-9400106                                                             |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | DATE                                                                                                         |                                                                                                                                                                                                                | DAYTIME PHONE #                                                                          |                                                                              |