

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90162 011 ****61.25

DOCUMENT # N05000007932					
1. Entity Name RIVERSIDE GRANDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020			Mailing Address C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3257718	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYOWITZ, ANDREW 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name <u>Riverside Grande Condo Assoc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>821 N Riverside Dr.</u> City <u>Pompano Bch</u> <u>FL</u> Zip Code <u>33062</u>		
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/11/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME BOULANGER, LAURIS STREET ADDRESS 1986 NE 149TH STREET CITY-ST-ZIP NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Lewis Maffeo STREET ADDRESS 821 N Riverside Dr. Unit 705 CITY-ST-ZIP Pompano Bch, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MAFFEO, LOUIS JR STREET ADDRESS 821 RIVERSIDE DR, UNIT 704 CITY-ST-ZIP POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Giulio Pavone STREET ADDRESS 1646 SE 3rd Ct. CITY-ST-ZIP Deerfield, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ROUSSO, MARK STREET ADDRESS 18851 NE 29TH AVENUE SUITE 900 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Giulio Pavone STREET ADDRESS 1646 SE 3rd Ct. CITY-ST-ZIP Deerfield, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Secy NAME Phyllis Schreiber STREET ADDRESS 821 N Riverside Dr #602 CITY-ST-ZIP Pompano Bch, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Giulio Pavone</u>			DATE <u>4/11/2007</u> Daytime Phone #		

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