

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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04092007 Chg-NP CR2E037 (12/06)

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	
Zip		Country	
4. FEI Number 20-3257718		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYOWITZ, ANDREW 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020		Name <i>Riverside Grande Condo Assoc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>821 N Riverside Dr.</i> City <i>Pompano Bch</i> FL Zip Code <i>33062</i>	
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 <i>4/11/2007</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 <i>Lewis Maffeo</i> STREET ADDRESS <i>821 N Riverside Dr. Unit 705</i> CITY-ST-ZIP <i>Pompano Bch, FL 33062</i>	<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 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE VP NAME <i>Giulio Favone</i> STREET ADDRESS <i>1646 SE 3rd Ct.</i> CITY-ST-ZIP <i>Deerfield, FL 33441</i>	<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 <i>Giulio Favone</i> STREET ADDRESS <i>1646 SE 3rd Ct.</i> CITY-ST-ZIP <i>Deerfield, FL 33441</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Secy NAME <i>Phyllis Schreiber</i> STREET ADDRESS <i>821 N Riverside Dr #602</i> CITY-ST-ZIP <i>Pompano Bch, FL 33062</i>	<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:		Date <i>4/11/2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Giulio Favone</i>		Daytime Phone #	