
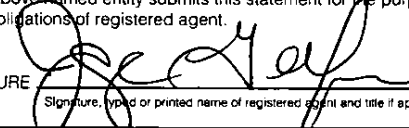
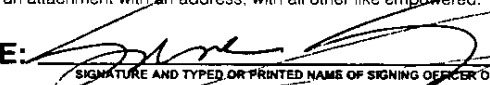


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90030 016 ****61.25

DOCUMENT # N05000009682 1. Entity Name RIVER GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 123 NW 13 STREET SUITE 300 BOCA RATON, FL 33432				Mailing Address 123 NW 13 STREET SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # Prime Management Group		3. Mailing Address Prime Management Group			
Suite, Apt. #, etc. 6300 Park of Commerce Blvd		Suite, Apt. #, etc. 6300 Park of Commerce Blvd			
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33487		Country 		4. FEI Number 20-3516844	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GAUDET, LYNNE 123 NW 13 STREET SUITE 300 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Gelfand, Jayme Street Address (P.O. Box Number is Not Acceptable) Prime Management Group 6300 Park of Commerce Blvd City Boca Raton FL Zip Code 33487	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 2/8/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUDET, LYNNE		NAME	Gaudet, Lynne	
STREET ADDRESS	123 NW 13 STREET SUITE 300		STREET ADDRESS	8637 Stirling Rd	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	Cooper City FL 33328	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, MELODY		NAME	Goldstein, Larry	
STREET ADDRESS	123 NW 13 STREET SUITE 300		STREET ADDRESS	8637 Stirling Rd	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	Cooper City FL 33328	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUTER, RON		NAME	Virginia Kelly	
STREET ADDRESS	123 NW 13 STREET SUITE 300		STREET ADDRESS	8637 Stirling Rd	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	Cooper City FL 33328	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, TAD		NAME		
STREET ADDRESS	123 NW 13TH STREET, STE300		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33432		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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				2/8/08	
				<small>Date</small>	
				861.391.4012	
				<small>Daytime Phone #</small>	