

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 18, 2007  
Secretary of State**

DOCUMENT# N06000012104

**Entity Name:** RIVERSIDE VILLAS AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4511 SHERWOOD TRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

4800 N STATE ROAD 7  
# 105  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4511 SHERWOOD TRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

4800 N STATE ROAD 7,  
#105  
LAUDERDALE LAKES, FL 33319

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ROTH, LEONARDO ESQ.  
18851 NE 29TH AVE STE 900  
AVENTURA, FL 33180 US

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:**

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

Title: PSD ( ) Delete  
Name: BOUGHAMMAN, NIDAL  
Address: 4511 SHERWOOD TRACE  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: VD ( ) Delete  
Name: ANSTEAD, GINNY  
Address: 4511 SHERWOOD TRACE  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: TD ( ) Delete  
Name: BAIRD, KAREN  
Address: 4511 SHERWOOD TRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: NIDAL BOUGHANNAM

PSD

05/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date