

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10816**

1. Entity Name  
**840 RIVER'S EDGE ASSOCIATION, INC.**



Principal Place of Business

**3000 NE 8TH TERRACE  
A-5**

**OAKLAND PARK, FL 33334 US**

Mailing Address

**3000 NE 8TH TERRACE  
A-5**

**OAKLAND PARK, FL 33334 US**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-2611643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAYDEN, JAC  
3000 NE 8TH TERRACE, B-4  
OAKLAND PARK, FL 33334**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHIELDS, LAURA  
STREET ADDRESS 3000 NE 8TH TERRACE, #B-1  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE VPD  
NAME LEVIS, BRIDGIT  
STREET ADDRESS 3000 NE 8TH TERR, #B4  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE SD  
NAME OUELETTE, LOUISE  
STREET ADDRESS 3000 NE 8TH TERRACE, #A-5  
CITY-ST-ZIP OAKLAND PARK, FL 33304

TITLE TD  
NAME EDDY, ANDREW  
STREET ADDRESS 1527 S.E. 8TH TERR.  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000582885  
01/11/07-80049-023 61.25

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IN THIS SPACE**

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 information empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/07 (954) 471-3583**