


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90016 033 ****61.25

DOCUMENT # N25113 1. Entity Name NEW RIVER ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1385 SW 151 WAY SUNRISE, FL 33326			Mailing Address PO BOX 266361 SUNRISE, FL 33326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHEEK, PAUL W 15148 SW 13 PLACE SUNRISE, FL 33326				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLONDO, SAM		NAME		
STREET ADDRESS	PO BOX 266361		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSSE, OMAR		NAME		
STREET ADDRESS	PO BOX 266361		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERZ, DONALD		NAME		
STREET ADDRESS	PO BOX 266361		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, HOLLY		NAME	SD Jennifer Dowling	
STREET ADDRESS	PO BOX 266361		STREET ADDRESS	P.O. Box 266361	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston, FL 33326	
TITLE	TRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEEK, PAUL W		NAME		
STREET ADDRESS	PO BOX 266361		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		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: <i>Paul W Cheek</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Paul W. Cheek, Tr. <small>Date</small>		
			03/03/2006 954-370-1247 <small>Daytime Phone #</small>		