
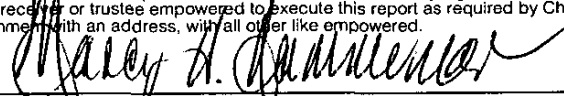


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 049 ****61.25

DOCUMENT # N40655 1. Entity Name NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 200 E. LAS OLAS BLVD SUITE 1660 FT. LAUDERDALE, FL 33301			Mailing Address 200 E. LAS OLAS BLVD SUITE 1660 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		07202005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0245621				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ZIPES, RICHARD D 200 EAST LAS OLAS BLVD.#1660 FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcy H. Kammerman 200 E. Las Olas Blvd., Suite 1660 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RUBENSTEIN, CHARLES D 200 EAST LAS OLAS BLVD., SUITE 1660 FT. LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James M. Cavley, Jr. 200 E. Las Olas Blvd., Ste 1660 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAPIRO, HOWARD 200 EAST LAS OLAS BLVD SUITE1660 FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Schaffer 200 E. Las Olas Blvd, Ste 1660 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete CAITS, CLARA 200 EAST LAS OLAS BLVD., SUITE 1450 FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete SHAPIRO, HOWARD N 200 EAST LAS OLAS BLVD. SUITE 1660 FT. LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete RHODIS, FRANCESCA 200 EAST LAS OLAS BLVD. SUITE 1660 FT. LAUDERDALE, FL 33301			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 exemption stated in Section 119.07(3)(i), 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:  7/22/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					