

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 046 ****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 5900 N. Andrews Avenue Suite, Apt. #, etc. Suite 500 City & State Fort Lauderdale, FL Zip 33309 Country US		3. Mailing Address 5900 N. Andrews Avenue Suite, Apt. #, etc. Suite 500 City & State Fort Lauderdale, FL Zip 33309 Country US	
4. FEI Number 65-0245621		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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: <u>Marcy H. Hammerman, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>5900 N. Andrews Avenue</u> <u>Suite 500</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33309</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KAMMERMAN, MARCY H 200 E. LAS OLAS BLVD., SUITE 1660 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Marcy H. Hammerman 5900 N. Andrews Avenue, Suite 500 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAULEY, JAMES M JR. 200 E. LAS OLAS BLVD., SUITE 1660 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP James R. Helman 5900 N. Andrews Avenue, Suite 500 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHAFFER, RICHARD 200 E. LAS OLAS BLVD., STE 1660 FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Richard Schaffer 5900 N. Andrews Avenue, Suite 500 Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CAITS, CLARA 200 EAST LAS OLAS BLVD., SUITE 1450 FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: <u>Marcy H. Hammerman</u>		Date: <u>954-245-3185</u>	