



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

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40655</b>		
1. Entity Name <b>NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.</b>		
Principal Place of Business <b>5900 N ANDREWS AVE SUITE 500 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>5900 N ANDREWS AVE SUITE 500 FORT LAUDERDALE, FL 33309</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01162007 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>65-0245621</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>KAMMERMAN, MARCY H ESQ 5900 N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAMMERMAN, MARCY H 5900 N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HELMAN, JAMES R 5900N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHAFER, RICHARD 5900 N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		1/17/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>