2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State

1. Entity Nam THE SAN	MENT # N920000008 ictuary at river bridge ation, inc.					04-05-200	6 90155	033 ****	51.25
C/O ASSOCIATED PROPERTY MGMT C/O A 198 LAKE WORTH RD 198		Mailing Address C/O ASSOCIATED PROPE 198 LAKE WORTH RD LAKE WORTH, FL 3346	D ASSOCIATED PROPERTY MGMT 18 LAKE WORTH RD		1 1 1 1 1 1 1 1 1 1 1			00092	1 2
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		03022006	Chg-NP	CR2E	E037 (11/05))
City & State Ci		City & State	ty & State		4. FEI Number 65-0451			⊢	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	-	\$8.75 A Fee Requi	dditional red
	6. Name and Address of Current R	egistered Agent	Name		7. Name and	Address of Nev	v Registere	d Agent	
ASSOCIAT	TED PROPERTY MANAGEMEN	IT	Name	_					
	EWORTH ROAD RTH, FL 33461		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City			•	F	Zip Co	ode
8. The above the obligation	named entity submits this statement for to ions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or both	n, in the State of	Florida. I a	am familiar wit	h, and accept
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent and	d tate if applicable. (NOTE: I	Registered Agent signatu	ure required v	when reinstating)		DAT	E	
SIGNATURE .	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees		Make che	eck payable partment of	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F	Make che lorida Dep	eck payable partment of	State
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10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE D SHAPRIO, CAROLE 108 PRIVATE PLACE	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F	Make che lorida Dep	eck payable partment of	State
10. TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE D SHAPRIO, CAROLE 108 PRIVATE PLACE WEST PALM BEACH, FL 33413 SD	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F	Make che lorida Dep	eck payable partment of	State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE D SHAPRIO, CAROLE 108 PRIVATE PLACE WEST PALM BEACH, FL 33413 SD GOLDSTEIN, GAIL 100 PRIVATE PLACE WEST PALM BEACH, FL 33413 PD GOLDSTEIN, BERNARD M 100 PRIVATE PL	9. Election Camp Trust Fund Co	aign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5.D 5.HA 108 1 108 1 10 4 10 4 10 4 10 4 10 6	\$5.00 May Be Added to Fees DDITIONS/CHAPE OF PRIVATE OF	MGES TO OFFIN CAROLE PL. BEACH! RRA, RI TE PL. TO INEACH THE KARL	Make che lorida Dep CERS AND AMAR 4, R A	eck payable partment of DIRECTORS Change 3 4/3 Change 3 34/	State IN 10 Addition Addition
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10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE RAME STREET ADDRESS CHY-ST-ZIP TITLE RAME THE RAME TH	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE D SHAPRIO, CAROLE 108 PRIVATE PLACE WEST PALM BEACH, FL 33413 SD GOLDSTEIN, GAIL 100 PRIVATE PLACE WEST PALM BEACH, FL 33413 PD GOLDSTEIN, BERNARD M 100 PRIVATE PL WEST PALM BEACH, FL 33413 VD	9. Election Camp Trust Fund Co	Daign Financing ontribution. 11. IIILE 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	5.D 5.HA 108 1 108 1 10 4 10 4 10 4 10 4 10 6	\$5.00 May Be Added to Fees DDITIONS/CHAPE OF PRIVATE OF	MGES TO OFFIN CAROLE PL. BEACH! RRA, RI TE PL. TO INEACH THE KARL	Make che lorida Dep CERS AND AMAR 4, R A	Change	State IN 10 Addition Addition
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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 charged, or on an attachment with an address, with all other like empowered.

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Bend John PRESIDERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Daytime Phone #