
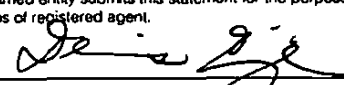
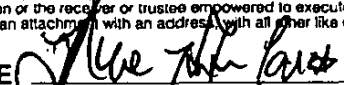


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 17 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004465 1. Entity Name RIVER PARC ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142 AVENUE MIAMI, FL 33186		Mailing Address 14275 SW 142 AVENUE MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0450686	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY, CARLOS 10570 N.W. 27 STREET SUITE 103 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: <u>Eisinger, Brown, Lewis & Frankel, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4000 Hollywood Blvd., Suite 265 South</u> Attn: <u>Dennis Eisinger, Esq.</u> City: <u>Hollywood</u> State: <u>FL</u> Zip Code: <u>33021</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)		DATE <u>2/28/08</u>	
Filing Fee is \$81.25 Due by May 1, 2008		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	S SMITH, LYDIE 2510 N.E. 206 TERRACE N. MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson Perez 2534 NE 206 Terr. Miami, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAHN-PERETS, NINA 2558 N.E. 206 TERRACE MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBIE, PAULINE 2526 N.E. 206 TERRACE N. MIAMI, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUBIE, PAULINE 2526 N.E. 206 TERRACE N. MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, SALIE 2518 NE 206 TERR MIAMI, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, SALIE 2518 NE 206 TERR MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
(Blank)			DATE		
(Blank)			DAYTIME PHONE #		

