

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004465

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** RIVER PARC ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

MIAMI MANAGEMENT, INC  
14275 SW 142 AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

MIAMI MANAGEMENT, INC  
14275 SW 142 AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0450686      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISINGER, BROWN, LEWIS & FRANKEL, P.A.  
4000 HOLLYWOOD BLVD., SUITE 262 SOUTH  
ATTN: DENNIS EISINGER, ESQ.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: SMITH, LYDIE  
Address: 14275 SW 142 AV  
City-St-Zip: MIAMI, FL 33186

Title: T  
Name: KAHN-PERETS, NINA  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: P  
Name: LUBIE, PAULINE  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: SALTZ, MURRAY  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: DIR  
Name: PEREZ, NELSON  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULINE LUBIE

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date