

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 038 ****61.25

DOCUMENT # N94000005711			
1. Entity Name SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDGE, INC.			
Principal Place of Business 2994 JOG ROAD SUITE B GREENACRES FL 33467		Mailing Address 2994 JOG ROAD SUITE B GREENACRES FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0610168				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 GELFAND, MICHAEL J ONE CLEARLAKE CENTRE, SUITE 1010 250 S. AUSTRALIAN AVENUE WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reissuing) DATE</small>					

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLMAN, ROBERT			NAME			
STREET ADDRESS	2219 SOUNDINGS CT.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOROWSKI, MICHAEL			NAME			
STREET ADDRESS	2204 SOUNDINGS CT			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, ELLEN			NAME			
STREET ADDRESS	2231 SOUNDINGS CT.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENTHAL, EDWARD			NAME			
STREET ADDRESS	2210 SOUNDINGS CT.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLINE, CARL ANN			NAME			
STREET ADDRESS	2240 SOUNDNGS CT.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REISS, KENNY			NAME	Calendar, Suzanne		
STREET ADDRESS	2211 SOUNDINGS CT			STREET ADDRESS	2222 SOUNDINGS CT		
CITY-ST-ZIP	WEST PALM BEACH FL 33413			CITY-ST-ZIP	West Palm Beach FL 33413		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert Wellman* **ROBERT WELLMAN** 4/6/06 561-641-6135