


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90195 023 ****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
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2. Principal Place of Business - No P.O. Box # 2950 Jog Road	3. Mailing Address 2950 Jog Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Greenacres, FL	City & State Greenacres, FL
Zip 33467	Zip 33467
Country US	Country US

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	
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40082754



01262007 Chg-NP CR2E037 (12/06)

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, ROBERT 2219 SOUNDINGS CT. WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL SILVERMAN 2226 Soundings Ct West Palm Beach FL 33413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOROWSKI, MICHAEL 2204 SOUNDINGS CT WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMON, ELLEN 2231 SOUNDINGS CT. WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, EDWARD 2210 SOUNDINGS CT. WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, KARE ANN 2240 SOUNDINGS CT. WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REISS, KENNY 2211 SOUNDINGS CT WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Edward Rosenthal 4/24 432-7560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #