

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005711

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

04-26-2007 90195 023 \*\*\*\*61.25

	NGS HOMEOWNERS' ASSO INC.	CIATION AT RIVER						
2994 JOG RO SUITE B	ce of Business DAD S, FL 33467	Mailing Address 2994 JOG ROAD SUITE B GREENACRES, FL 33467				## <b>8</b> 888	E  4   C        C	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	Road					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01262007 <sub>Cl</sub>	hg-NP C	CR2E037 (12/06)		
City & Stat	nacres, FL	City & State	,FL	4. FEI Number 65-061016	8	No	oplied For of Applicable	
<sup>Žip</sup> 3 રા	167 US	33467	Country	5. Certificate of SI	atus Desired	S8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Add	ress of New Regis	stered Agent		
GELFAND, MICHAEL J ONE CLEARLAKE CENTRE, SUITE 1010				Street Address (P.O. Box Number is Not Acceptable)				
250 S. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401					· · · · · · · · · · · · · · · · · · ·			
			City			FL Zip Cod	е	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its rec	gistered office or reg	istered agent, or both, in	the State of Florida	a. I am familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature rec	quired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to kidded to Fees Florida Department of State			
	Due by May 1, 2007	Trust Fund Con	tribution.	Added to Fees	Florida	Department of St	tate	
10.	OFFICERS AND DIRE	CTORS	11.	Added to Fees ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT WELLMAN, ROBERT 2219 SOUNDINGS CT.		11.	Added to Fees ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN	10	
TITLE NAME	OFFICERS AND DIRECT	CTORS	11.	Added to Fees	ES TO OFFICERS A	AND DIRECTORS IN	10	
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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 of 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 Rosen that 4/24 432-7560 Date Dayling OFFICER OR DIRECTOR