

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90022 028 \*\*\*\*61.25

**DOCUMENT # N94000005711**

1. Entity Name  
**SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER  
BRIDGE, INC.**



Principal Place of Business  
**2950 JOG ROAD  
GREENACRES, FL 33467**

Mailing Address  
**2950 JOG ROAD  
GREENACRES, FL 33467**

40053040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0610168**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SILVERMAN, AL**  
STREET ADDRESS **2226 SOUNDING CT**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **SD** ☐ Delete  
NAME **BOROWSKI, MICHAEL**  
STREET ADDRESS **2204 SOUNDINGS CT**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **VP** ☐ Delete  
NAME **SIMON, ELLEN**  
STREET ADDRESS **2231 SOUNDINGS CT.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **PD** ☐ Delete  
NAME **ROSENTHAL, EDWARD**  
STREET ADDRESS **2210 SOUNDINGS CT.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **D** ☒ Delete  
NAME **CLINE, CAROL ANN**  
STREET ADDRESS **2240 SOUNDINGS CT.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **T** ☒ Delete  
NAME **REISS, KENNY**  
STREET ADDRESS **2211 SOUNDINGS CT**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Ken Reiss** ☐ Change ☒ Addition  
NAME **Ken Reiss**  
STREET ADDRESS **2211 Soundings Court**  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Suzanne Calenciar**  
STREET ADDRESS **2222 Soundings Court**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**Edward Rosenthal**  
**President**

Date

Daytime Phone #

**3/14/08**