

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90097 011 \*\*\*\*61.25

**DOCUMENT # N95000000258**

1. Entity Name  
MEDITERRANEA HOMEOWNER'S ASSOCIATION AT  
RIVER BRIDGE, INC.



Principal Place of Business  
2994 JOG RD., STE B  
GREENACRES, FL 33467

Mailing Address  
ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461 US

**50033790**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0610167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CALDERON, MARVIN  
STREET ADDRESS 2807 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE VD ☐ Delete  
NAME MUSSMAN, STEPHAN  
STREET ADDRESS 2825 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE AL ☒ Delete  
NAME MIRSKY, IRVING  
STREET ADDRESS 2840 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE SD ☐ Delete  
NAME WOOGEN, JULIE  
STREET ADDRESS 2824 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE T ☐ Delete  
NAME MANDEL, FLORENCE  
STREET ADDRESS 2838 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition  
NAME MIRSKY, IRVING  
STREET ADDRESS 2840 WATERS EDGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

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

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 exemption stated in Section 119.07(3)(i), 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:**

*X* *Marvin Calderon* **MARVIN CALDERON (Pres.)**

*5/16/05*

*561 968 4166*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #