


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 038 ****61.25

DOCUMENT # N97000005056					
1. Entity Name RIVERLAND GROVES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS, FL 33071			Mailing Address C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # 1600 Sawgrass Corporate Parkway		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Sunrise FL 33323		City & State			
Zip 33323		Country Broward		Zip Country	
6. Name and Address of Current Registered Agent HELFMAN, STEVEN M ESQ 1401 UNIVERSITY DRIVE #200 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corporate Parkway Suite 300 City Sunrise, FL 33323 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 reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYALS, GLENN 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corporate Parkway Sunrise FL, 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP UNGER, CRAIG 4400 SAMPLE RD STE 200 COCONUT CREEK, FL 33073	<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	DVST FANT, ALAN 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corporate Parkway Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAT RATTERREE, KEVIN 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corporate Parkway Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTAS PORTNOY, LARRY 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corporate Parkway Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Glenn Ryals Pres. 1/18/07 954-753-1730 <small>Date Daytime Phone #</small>		

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01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0897722 ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**