

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90106 005 \*\*\*\*61.25

**DOCUMENT # N97000005056**

1. Entity Name  
**RIVERLAND GROVES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1600 SAWGRASS CORPORATE PKWY  
STE 300  
SUNRISE, FL 33323**

Mailing Address  
**C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463**



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0897722**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORPORATE PKWY  
STE 300  
SUNRISE, FL 33323**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RYALS, GLENN  
1600 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
~~UNDER-CRAIG~~ CARTER, JOHN  
4400 SAMPLE RD STE 200  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVST  
FANT, ALAN  
1600 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DSAT  
RATTERREE, KEVIN  
1600 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTAS  
PORTNOY, LARRY  
1600 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 supplied with this 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

**GLENN RYALS, PRES.**

**4/14/08**

Date

**954-753-1730**

Daytime Phone #