
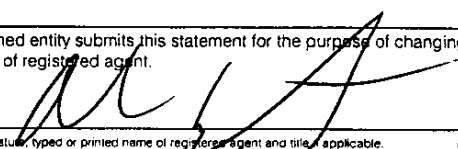
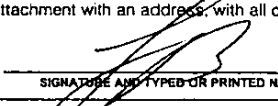


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90154 009 \*\*\*\*61.25

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # N05000007932  |  |   |   |
| 1. Entity Name<br>RIVERSIDE GRANDE CONDOMINIUM ASSOCIATION, INC.   |  |  |   |
| Principal Place of Business<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180   |  | Mailing Address<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180   |   |
| 2. Principal Place of Business<br>C/O DCI - 2035 Harding St  |  | 3. Mailing Address<br>C/O DCI - 2035 Harding St  |   |
| Suite, Apt. #, etc.<br>Suite 200   |  | Suite, Apt. #, etc.<br>Suite 200   |   |
| City & State<br>Hollywood, Fl.   |  | City & State<br>Hollywood, Fl.   |   |
| Zip<br>33020   | Country<br>Broward   | Zip<br>33020   | Country   |
| 6. Name and Address of Current Registered Agent<br>ROUSSO, MARK E<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180   |  | 7. Name and Address of New Registered Agent<br>Name<br>Meyrowitz, Andrew<br>Street Address (P.O. Box Number is Not Acceptable)<br>2035 Harding St.<br>Suite 200<br>City<br>Hollywood, FL Zip Code<br>33020 |   |
| 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.<br>SIGNATURE  DATE <u>4/5/06</u><br><small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BOULANGER, LAURIS<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>BOULANGER, LORRIS JR.<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Maffeo, Jr. Louis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>821 Riverside Dr. Unit 704<br>Pompano Beach, Fl 33062 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>ROUSSO, MARK<br>18851 NE 29TH AVE., SUITE 900<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  LAURIS Boulanger  |  | Date <u>3/15/06</u> Daytime Phone # <u>305-9400106</u>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>  |   |