

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90162 011 ****61.25

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04092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000007932			
1. Entity Name RIVERSIDE GRANDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020		Mailing Address C/O DCI 2035 HARDING ST, SUITE 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3257718		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYOWITZ, ANDREW 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020		Name <i>Riverside Grande Condo Assoc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>821 N Riverside Dr.</i> City <i>Pompano Bch</i> FL Zip Code <i>33062</i>	
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		DATE <i>4/11/2007</i>	
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 PD	BOULANGER, LAURIS <input checked="" type="checkbox"/> Delete	TITLE PD	<i>Lewis Maffeo</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOULANGER, LAURIS	NAME	<i>Lewis Maffeo</i>
STREET ADDRESS	1986 NE 149TH STREET	STREET ADDRESS	<i>821 N Riverside Dr. Unit 705</i>
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	<i>Pompano Bch, FL 33062</i>
TITLE D	MAFFEO, LOUIS JR <input checked="" type="checkbox"/> Delete	TITLE VP	<i>Giulio Favone</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAFFEO, LOUIS JR	NAME	<i>Giulio Favone</i>
STREET ADDRESS	821 RIVERSIDE DR, UNIT 704	STREET ADDRESS	<i>1646 SE 3rd Ct.</i>
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	CITY-ST-ZIP	<i>Deerfield, FL 33441</i>
TITLE VD	ROUSSO, MARK <input checked="" type="checkbox"/> Delete	TITLE Treasurer D	<i>Giulio Favone</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSSO, MARK	NAME	<i>Giulio Favone</i>
STREET ADDRESS	18851 NE 29TH AVENUE SUITE 900	STREET ADDRESS	<i>1646 SE 3rd Ct.</i>
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	<i>Deerfield, FL 33441</i>
TITLE	<input type="checkbox"/> Delete	TITLE Sec D	<i>Phyllis Schreiber</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Phyllis Schreiber</i>
STREET ADDRESS		STREET ADDRESS	<i>821 N Riverside Dr #602</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Pompano Bch, FL 33062</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:		Date <i>4/11/2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Giulio Favone</i>		Daytime Phone #	