FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

723206

(9)

RIVER	S BEND CONDOMINIUM A	SSOCIATION, INC				
Principal Plac	e of Business	Mailing Address				DOLL BIOLI BIOLI BIOLI BIOLI BIOLI DIVILI AFEL
1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305		1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305-3549				
					3. Date Incorporated or Qualified 04/19/1972	3a. Date of Last Report 02/26/1996
· ·	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-1560101	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		E Floring Compaign Financing		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25	29	30		· · · · · ·] Yes ☐ No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re	gistered Agent
			81	Name		
WINTER,			82	Street Ad	idress (P.O. Box Number is Not Acceptate	ole)
1839 MIDDLE RIVER DRIVE						
FT. LAU	DERDALE FL 33305		83			
			84	City		85 Zip Code
44 Durament	to the exculsions of Sections 617.060	2 and C17 1509 Florida Statuta		namad sa	reservation or the its this statement for the	FL
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	pt the appointment as registered
l	m tamiliar with, and accept the obligi	ations of, Section 617.0503, Flo	rida Statutes	٠.		
SIGNATURE .	Signature, typod or printed name of registered age	on and title if applicable (NOTE	· Boo'stered Ane	ot signature fec	guired when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	TD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CARTER, CHARLOTTE A		1.2 NAME			
STREET ADDRESS	1839 MIDDLE RIVER DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE	PD	☐ DELETE	21 TITLE			Change Addition
NAME	WINTER, FRANK		2.2 NAME			
STREET ADDRESS	1839 MIDDLE RIVER DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	The state of the s	2.4 CITY - ST - ZIP			
TITL€ :	VP	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	JOHNSON, RUTH		3.2 NAME			
STREET ADDRESS	1839 MIDDLE RIVER DR FT LAUDERDALE, FL 00000		3 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	S LAUDERDALE, PL 00000	DELETE	3 4. CHY-S1-ZIP 4 1 TITLE			Change Addition
NAME	WALLMAN, PAMELA	- Detect	4.2 NAME			C1 Change C1 Addition
1	1839 MIDDLE RIVER DR		4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP			
TITLE	AD	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	MCANDREW, CATHERINE		5.2 NAME			•
STREET ADDRESS	1839 MIDDLE RIVER DR		5.3 \$1REET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 THLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY.ST.7IP			64 PITY S	1 - 71P		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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FILED

Mar 14 1997 8:00am

Secretary of State