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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723206

1. Corporation Name
RIVER'S BEND CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305	Mailing Address 1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/19/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1560101
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WINTER, FRANK 1839 MIDDLE RIVER DRIVE FT. LAUDERDALE FL 33305	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, FRANK	2.2 NAME	
STREET ADDRESS	1839 MIDDLE RIVER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, RUTH	3.2 NAME	FRANK LYNCH
STREET ADDRESS	1839 MIDDLE RIVER DR	3.3 STREET ADDRESS	1839 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33305	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLMAN, PAMELA	4.2 NAME	DANIEL JACOBSON
STREET ADDRESS	1839 MIDDLE RIVER DR	4.3 STREET ADDRESS	1839 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, STANLEY M	5.2 NAME	
STREET ADDRESS	1839 MIDDLE RIVER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, RALPH L	6.2 NAME	RALPH L. FOWLER
STREET ADDRESS	1839 MIDDLE RIVER DR	6.3 STREET ADDRESS	1839 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT LAUDERDALE FL 33305	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305

14. I 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, with all other like empowered.

SIGNATURE: *Charlotte A. Carter* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/99 (954) 761-2509

Date Daytime Phone #

CR2E037 (11/98)