

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723206

1. Entity Name

RIVER'S BEND CONDOMINIUM ASSOCIATION, INC

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90199 035 ****61.25

Principal Place of Business

Mailing Address

1839 MIDDLE RIVER DR
 FORT LAUDERDALE FL 33305

1839 MIDDLE RIVER DR
 FORT LAUDERDALE FL 33305-3549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1560101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER, FRANK
 1839 MIDDLE RIVER DRIVE
 FT. LAUDERDALE FL 33305

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CARTER, CHARLOTTE A | |
| STREET ADDRESS | 1839 MIDDLE RIVER DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WINTER, FRANK | |
| STREET ADDRESS | 1839 MIDDLE RIVER DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LYNCH, FRANK | |
| STREET ADDRESS | 1839 MIDDLE RIVER DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33305 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JACOBSON, DANIEL | |
| STREET ADDRESS | 1839 MIDDLE RIVER DR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33305 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KAUFMAN, STANLEY M | |
| STREET ADDRESS | 1839 MIDDLE RIVER DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33305 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FOWLER, RALPH L | |
| STREET ADDRESS | 1839 MIDDLE RIVER DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33305 | |

| | | |
|----------------|--------------------------|--|
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charles M. Rieman | |
| STREET ADDRESS | 1839 Middle River Drive | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33305 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Frank Lynch | |
| STREET ADDRESS | 1839 Middle River Drive | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33305 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stanley M. Kaufman | |
| STREET ADDRESS | 1839 Middle River Drive | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33305 | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ralph L. Fowler | |
| STREET ADDRESS | 1839 Middle River Drive | |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33305 | |

12. 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 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:

Frank Winter
 Frank Winter, President

02/25/00 (954) 566-3708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)