

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90040 034 \*\*\*\*61.25

**DOCUMENT # 723206**

1. Entity Name

**RIVER'S BEND CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

1839 MIDDLE RIVER DR  
 FORT LAUDERDALE FL 33305

1839 MIDDLE RIVER DR  
 FORT LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1560101**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**ROYAL PROPERTY MANAGEMENT, INC.**  
**8317 W. ATLANTIC BLVD**  
**CORAL SPRINGS FL 33071**

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: PD  
 NAME: RIEMAN, CHARLES M  Delete  
 STREET ADDRESS: 1839 MIDDLE RIVER DRIVE  
 CITY-ST-ZIP: FORT LAUDERDALE FL 33305

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: LYNCH, FRANK  Delete  
 STREET ADDRESS: 1839 MIDDLE RIVER DR  
 CITY-ST-ZIP: FT LAUDERDALE FL 33305

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: KAUFMAN, STANLEY M  Delete  
 STREET ADDRESS: 1839 MIDDLE RIVER DR  
 CITY-ST-ZIP: FT LAUDERDALE FL 33305

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: FOWLER, RALPH L  Delete  
 STREET ADDRESS: 1839 MIDDLE RIVER DR  
 CITY-ST-ZIP: FT LAUDERDALE FL 33305

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: D  
 NAME: PAMELA WALLMAN H  Change  Addition  
 STREET ADDRESS: 1839 MIDDLE RIVER DR  
 CITY-ST-ZIP: FT LAUDERDALE FL 33305

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: D  
 NAME: ARLENE BROCHU  Change  Addition  
 STREET ADDRESS: 1839 MIDDLE RIVER DR  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank Lynch* 5/17/02

Daytime Phone #

CR2E037 (9/01)