


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90644 024 ****61.25

DOCUMENT # 723206

1. Entity 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-1560101**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWENGER, HEINZ <input checked="" type="checkbox"/> Delete 1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, FRANK <input type="checkbox"/> Delete 1839 MIDDLE RIVER DR FT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, STANLEY M <input type="checkbox"/> Delete 1839 MIDDLE RIVER DR FT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVIN, DONALD <input type="checkbox"/> Delete 1839 MIDDLE RIVER DR FT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDI, OAUL <input checked="" type="checkbox"/> Delete 1839 MIDDLE RIVER DR FORT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES RIEMAN 1839 MIDDLE RIVER DRIVE APT 300 FORT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROGER RUSS 1839 MIDDLE RIVER DR. APT 303 FT LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #