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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726933** **(5)**

1. Corporation Name

RIVERBEND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9300 SE RIVERFRONT TERRACE TEQUESTA FL 33469	9300 SE RIVERFRONT TERRACE TEQUESTA FL 33469-1179

3. Date Incorporated or Qualified: 07/11/1973
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-1567540 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SELZ, STEVEN
777 S FLAGLER DR, 8TH FLOOR
WEST TOWER
WEST PALM BEACH FL 33401

10. **Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

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 [signature] ATTY. AT LAW 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	BELDEN, DANIEL		1.2 NAME	GERKE, HENRY	
STREET ADDRESS	9149 SE RIVERFRONT TERRACE		1.3 STREET ADDRESS	18500 SE WOOD HAVEN LANE, F	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WAIFE, MARGARET		2.2 NAME		
STREET ADDRESS	9150 SE RIVERFRONT TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	JENKINS, CHARLES		3.2 NAME	BORMANN, ROBERT	
STREET ADDRESS	9159 SE RIVERFRONT TERRACE		3.3 STREET ADDRESS	18489 SE WOOD HAVEN LANE, H	
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUERCI, ELEANOR		4.2 NAME		
STREET ADDRESS	18440 SE WOOD HAVEN LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCBRIDE, JOHN		5.2 NAME		
STREET ADDRESS	9190 S.E. RIVERFRONT TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	GRIFFITH, THOMAS	
STREET ADDRESS			6.3 STREET ADDRESS	9150 SE RIVERFRONT TERRACE, E	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TEQUESTA, FL 33469	

CR2E037 (9/96)

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.

SIGNATURE: [signature] JOHN S. McBRIDE 4/25/97 561-746-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044360