

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726933

1. Corporation Name

RIVERBEND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

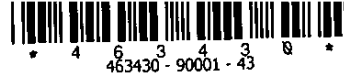
9300 SE RIVERFRONT TERRACE
TEQUESTA FL 33469

Mailing Address

9300 SE RIVERFRONT TERRACE
TEQUESTA FL 33469

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90001 043 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/11/1973

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

9. Name and Address of Current Registered Agent

CORNETT, J. L.
401 E OSCEOLA ST
1ST FL
STUART FL 34994

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS GERKE, H
CITY-ST-ZIP 18500 SE WOOD HAVEN LANE F
TEQUESTA FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS SHAUGNESSY, W
CITY-ST-ZIP 18510 SE WOOD HAVEN LN, B
TEQUESTA FL 33469

TITLE ☐ DELETE
NAME VD
STREET ADDRESS ZINGHINI, F
CITY-ST-ZIP 9249 SE RIVERFRONT TERR, H
TEQUESTA FL 33469

TITLE ☐ DELETE
NAME SD
STREET ADDRESS GUERCI, ELEANOR
CITY-ST-ZIP 18440 SE WOOD HAVEN LN
TEQUESTA FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MCBRIDE, JOHN
CITY-ST-ZIP 9190 S.E. RIVERFRONT TERRACE
TEQUESTA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS GRIFFITH, THOMAS
CITY-ST-ZIP 9150 SE RIVERFRONT TERRACE E
TEQUESTA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
CHARLES JENKINS
9159 SE RIVERFRONT TERR, H
TEQUESTA FL 33469

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)