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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.

463430 - 90001 - 43

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1567540 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GERKE, H		1.2 NAME		
STREET ADDRESS	18500 SE WOOD HAVEN LANE F		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	SHAUGNESSY, W		2.2 NAME	CHARLES JENKINS	
STREET ADDRESS	18510 SE WOOD HAVEN LN, B		2.3 STREET ADDRESS	9159 SE RIVERFRONT TERR, H	
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZINGHINI, F		3.2 NAME		
STREET ADDRESS	9249 SE RIVERFRONT TERR, H		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		3.4 CITY-ST-ZIP		
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	PD	☐ DELETE	5.1 TITLE		☐ 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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, THOMAS		6.2 NAME		
STREET ADDRESS	9150 SE RIVERFRONT TERRACE E		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/99 (561) 746-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #