2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726933

1. Entity Name

RIVERBEND CONDOMINIUM ASSOCIATION, INC.

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90020 012 ****61.25

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

DO NOT WRITE IN THIS SPACE

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 59-1567540 ☐ 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
CORNETT, J L 401 E OSCEOLA ST 1ST FL STUART FL 34994	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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERKE, H 18500 SE WOOD HAVEN LANE F TEQUESTA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILIP SMITH 18490 SE WOOD HAVEN LN, D TEQUESTA FL 33469	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, CHARLES 9159 SE RIVERFRONT TERR. , H TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZINGHINI, F 9249 SE RIVERFRONT TERR, H TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUERCI, ELEANOR 18440 SE WOOD HAVEN LN TEQUESTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCBRIDE, JOHN 9190 S.E. RIVERFRONT TERRACE TEQUESTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFITH, THOMAS 9150 SE RIVERFRONT TERRACE E TEQUESTA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER MARCUS 18489 SE WOOD HAVEN LN, G TEQUESTA FL 33469	☐ Change ☑ Addition

CR2E037 (9/99)

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 _____ 4-28-00 (561)746-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #