2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # 726933

1. Entity Name
RIVERBEND CONDOMINIUM ASSOCIATION, INC.

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

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 US	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 _____ 04/19/2001
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	MARCUS WALTER		NAME	MARCUS WALTER	
STREET ADDRESS	18489 SE WOOD HAVEN LN G		STREET ADDRESS	18489 SE WOOD HAVEN LANE, #G	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MCBRIDE JOHN		NAME	MCBRIDE JOHN	
STREET ADDRESS	9190 S.E. RIVERFRONT TERRACE		STREET ADDRESS	9190 SE RIVERFRONT TERRACE, #G	
CITY-ST-ZIP	TEQUESTA FL		CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GUERCI ELEANOR		NAME	PASCOE KENNETH	
STREET ADDRESS	18440 SE WOOD HAVEN LN		STREET ADDRESS	18460 SE WOOD HAVEN LANE, #G	
CITY-ST-ZIP	TEQUESTA FL		CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	ZINGHINI F		NAME	ZINGHINI FRANK	
STREET ADDRESS	9249 SE RIVERFRONT TERR, H		STREET ADDRESS	9249 SE RIVERFRONT TERR., #H	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	JENKINS CHARLES		NAME	JENKINS CHARLES	
STREET ADDRESS	9159 SE RIVERFRONT TERR. , H		STREET ADDRESS	9159 SE RIVERFRONT TERR. , #H	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	SMITH PHILIP		NAME	GERKE HENRY	
STREET ADDRESS	18490 SE WOOD HAVEN LANE D		STREET ADDRESS	18500 SE WOOD HAVEN LANE, #F	
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP	TEQUESTA FL 33469	

CR2E037 (11/00)

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: JOHN S MCBRIDE PD 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROSEMARY GOMEZ, DIRECTOR
9179 SE RIVERFRONT TERR., #F

TEQUESTA, FL 33469