2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726933

FILED Apr 20, 2004 Secretary of State

Entity Name: RIVERBEND CONDOMINIUM ASSOCIATION, INC.

2200 00 5	Principal Place of Business:	New Principal Place	
	RIVERFRONT TERRACE FA, FL 33469		
Current N	Nailing Address:	New Mailing Addres	ss:
	RIVERFRONT TERRACE TA, FL 33469		
FEI Number	r: 59-1567540 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
1ST FL	T, J L CEOLA ST FL 34994 US		
	e named entity submits this statement for the $\mbox{$\mu$}$ ce of Florida.	ourpose of changing its register	ed office or registered agent, or bot
SIGNATU	RE:		
	Electronic Signature of Registered Age	ent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	PD () Delete MCBRIDE, JOHN S AUGUSTA G - 9190 SE RIVERFRONT TERR TEQUESTA, FL 33469	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	VD () Delete ZINGHINI, FRANK WENTWORTH H-3249 SE RIVERFRONT TERRACE TEQUESTA, FL 33456	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Address:	ZINGHINI, FRANK WENTWORTH H-3249 SE RIVERFRONT TERRACE	Name: Address:	() Change () Addition () Change () Addition
Name: Address: City-St-Zip: Fitle: Name: Address:	ZINGHINI, FRANK WENTWORTH H-3249 SE RIVERFRONT TERRACE TEQUESTA, FL 33456 TD () Delete SCHMIDT, JOHN COLONIAL J- 18459 SE WOOD HAVEN LANE	Name: Address: City-St-Zip: Title: Name: Address:	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ZINGHINI, FRANK WENTWORTH H-3249 SE RIVERFRONT TERRACE TEQUESTA, FL 33456 TD () Delete SCHMIDT, JOHN COLONIAL J- 18459 SE WOOD HAVEN LANE TEQUESTA, FL 33469 D () Delete PASCOE, KENNETH ST ANDREWS G - 18460 SE WOOD HAVEN LANE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. MCBRIDE PD 04/20/2004

JOANNE RODDY, SD FENWAY J-9229 SE RIVERFRONT TERRACE TEQUESTA, FL 33469