## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am DOCUMENT # 740226 **Secretary of State** 1. Entity Name 03-18-2002 90183 024 \*\*\*\*61.25 RIVER LAKES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 760 S BREVARD AVE #100 760 S BREVARD AVE #100 ししせまなせんわ COCOA BEACH FL 32931-2554 COCOA BEACH FL 32931-2554 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 62-1027886 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROGAN, EDWARD G. 760 S BREVARD AVE #415 COCOA BCH FL 32931 ntity sumits this statement 🚧 he purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITI F Delete CLARK, JACQULINE NAME 112 LA RIVIERE RD STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP 4 Addition Change TITLE TITLE Delete MILLER, CHARLOTTE NAME 760 SO BREVARD AVE. STE 418 STREET ADDRESS STREET ADDRESS COCOA BEACH FL. CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete HEPP, LUCINDA NAME NAME 800 SO BREVARD AVE. STE 222 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ARPIN, WILLIAM NAME NAME 720 SO BREVARD AVE. STE 413 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Vice-Presider Change ☐ Addition □ Delete TITLE LINS, WILLIAM NAME NAME 720 S. BREVARD AVE. 1 STE 415 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE THELEN, JAMES NAME NAME 720 S BREVARD AVE STE 413 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP

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 receipter or trustee empowered to elecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

address with all other like empowered

Daytime Phone

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