


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90030 015 \*\*\*\*61.25

DOCUMENT # <b>1740226</b>	
1. Entity Name <b>River Lakes Condominium Association, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**94051436**

2. Principal Place of Business <b>760 S. Brevard Ave.</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>Cocoa Beach, FL</b> Zip <b>32931</b> Country <b>USA</b>	3. Mailing Address <b>760 S. Brevard Ave.</b> Suite, Apt. #, etc. <b>#100</b> City & State <b>Cocoa Beach, FL</b> Zip <b>32931</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>62-1027886</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	7. Name and Address of Current Registered Agent Name <b>Cliff Noel</b> Street Address (P.O. Box Number is Not Acceptable) <b>760 S. Brevard Ave.</b> <b>#100</b> City <b>Cocoa Beach</b> FL Zip Code <b>32931</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cliff Noel** **Cliff Noel** **4-8-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Cliff Noel</b> <b>760 S. Brevard Ave #100</b> <b>Cocoa Beach FL 32931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Charles Testa</b> <b>760 S. Brevard Ave #100</b> <b>Cocoa Beach, FL 32931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Tony Hall</b> <b>760 S. Brevard Ave. #100</b> <b>Cocoa Beach FL 32931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Edward Miller</b> <b>760 S. Brevard Ave #100</b> <b>Cocoa Beach, FL 32931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cliff Noel** **Cliff Noel** **4-8-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)