

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90169 018 \*\*\*\*70.00

**DOCUMENT # 742683**

1. Entity Name

**RIVERVIEW CONDOMINIUMS ASSOCIATION, INC.**

Principal Place of Business

**3210 NORTH HARBOR CITY BLVD.  
 MELBOURNE FL 32935**

Mailing Address

**3210 NORTH HARBOR CITY BLVD.  
 MELBOURNE FL 32935**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1915132**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DESHAIES, RONALD J RVCA  
 3210 N HARBOR CITY BLVD #204  
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

**WENDEBORN, ANTONIO**

Street Address (P.O. Box Number is Not Acceptable)

**3210 N HARBOR CITY BLVD #109**

**MELBOURNE FL 32935**

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

*Antonio Wendeborn*

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

|                |                                     |                                            |
|----------------|-------------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FREDRICKS, PHILIP</b>            |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #208</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |
| TITLE          | <b>S</b>                            | <input type="checkbox"/> Delete            |
| NAME           | <b>WENDEBORN, TONY</b>              |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #109</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |
| TITLE          | <b>T</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BLACK, DOROTHY</b>               |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #121</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PROVENCHER, GINGER</b>           |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #322</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |
| TITLE          | <b>VP</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MAAG, THOMAS</b>                 |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #118</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |
| TITLE          | <b>P</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DESHAIES, RONALD</b>             |                                            |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #204</b> |                                            |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                     |                                                                              |
|----------------|-------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MESSER, ERNIE</b>                |                                                                              |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #105</b> |                                                                              |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE          | <b>T</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CHARTIER, HAROLD</b>             |                                                                              |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #321</b> |                                                                              |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>KOLLER, ADELE</b>                |                                                                              |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #308</b> |                                                                              |
| CITY-ST-ZIP    | <b>MELBOURNE, FL 32935</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE          | <b>P</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MAAG, THOMAS</b>                 |                                                                              |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #118</b> |                                                                              |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE          | <b>VP</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SILVA, ANITA</b>                 |                                                                              |
| STREET ADDRESS | <b>3210 N HARBOR CITY BLVD #305</b> |                                                                              |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32935</b>           |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Antonio Wendeborn*

1/9/2002

253-3049

CR2E037 (9/01)

**BOARD OF DIRECTORS  
RIVERVIEW CONDOMINIUMS ASSOCIATION, INC.  
3210 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935-6276**

TO: ALL UNIT OWNERS

*Attachments # 742685*  
*713133*  
26 NOVEMBER 2001

THE FOLLOWING INDIVIDUALS HAVE BEEN APPOINTED TO THIS ASSOCIATION'S BOARD OF DIRECTORS AND TO THE POSITIONS INDICATED. THE BOARD WILL ASSUME ASSOCIATION MANAGEMENT RESPONSIBILITIES EFFECTIVE 1 DECEMBER 2001.

|                 |                 |          |
|-----------------|-----------------|----------|
| PRESIDENT       | THOMAS MAAG     | UNIT 118 |
| VICE PRESIDENT  | ANITA SILVA     | UNIT 305 |
| TREASURER       | HAROLD CHARTIER | UNIT 321 |
| ASS'T TREASURER | DOT BLACK       | UNIT 121 |
| SECRETARY       | TONY WENDEBORN  | UNIT 109 |
| BOARD MEMBER    | ERNIE MESSER    | UNIT 105 |
| BOARD MEMBER    | ADELE KOLLER    | UNIT 308 |

*Tony*  
TONY WENDEBORN  
ASSOCIATION SECRETARY

