

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90286 034 ****61.25

DOCUMENT # 743983

1. Corporation Name

RIVERLAND WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2440 WOODSIDE DRIVE
FT. LAUDERDALE FL 33312

Mailing Address

2440 WOODSIDE DRIVE
FT. LAUDERDALE FL 33312

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

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2. Principal Place of Business

21 2570 Woodside Dr.

Suite, Apt. #, etc.

22 Ft. Lauderdale FL

City & State

23 33312 Broward

Zip

24

Country

25

2a. Mailing Address

26 2570 Woodside Dr.

Suite, Apt. #, etc.

27 Ft. Lauderdale FL

City & State

28 33312 Broward

Zip

29

Country

30

3. Date Incorporated or Qualified

08/18/1978

4. FEI Number

59-1872767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HILTON, MARY D.
2421 WOODSIDE DR.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KAPLAN, EDITH
STREET ADDRESS 2440 WOODSIDE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

TITLE President
NAME BURESH, FRED
STREET ADDRESS 2570 WOODSIDE DR
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE TD
NAME ZINGONE, TRISH
STREET ADDRESS 2600 WOODSIDE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE SD
NAME HILTON, MARY
STREET ADDRESS 2421 WOODSIDE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE DVP
NAME SCHROEDER, CAROL
STREET ADDRESS 2420 WOODSIDE DR
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE DVP
NAME STEPHANY STOCK
STREET ADDRESS 2550 WOODSIDE DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP
1.2 NAME STEPHANY STOCK
1.3 STREET ADDRESS 2550 Woodside Dr.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL. 33312

☐ Change

☒ Addition

2.1 TITLE President
2.2 NAME Fred Buresh
2.3 STREET ADDRESS 2570 Woodside Dr.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL. 33312

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED 4/12/99 954-587-0551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)