2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **750955** Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** RIVERVIEW CONDOMINIUM ASSOCIATION OF VERO BEACH, 03-17-2000 90027 017 ****61.25 Principal Place of Business Mailing Address 2333 INDIAN RIVER BLVD. 2333 INDIAN RIVER BLVD. #604 #604 VERO BEACH FL 32960-5203 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2008093 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALLAIRE, LEROY APTE 508 2333 INDIAN RIVER BLVD Zip Code FL VERO BEACH FL 32960 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STEGE, NORBERT STREET ADDRESS STREET ADDRESS 2333 INDIAN RIVER BLVD #204 CITY-ST-ZIP CITY-ST-ZIP vero beach fl ☐ Addition ☐ Change **OTO9** ☐ Delete TITLE TITLE NAME ALLAIRE, LEROY NAME STREET ADDRESS STREET ADDRESS 2333 INDIAN RIVER BLVD #508 CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition VTD ☐ Delete TITLE TITLE NAME HILAIRE, MARIE NAME STREET ADDRESS STREET ADDRESS 2333 INDIAN RIVER BLVD, APT 505 CITY-ST-ZIP CITY-ST-ZIP vero beach fli ☐ Addition ☐ Change TITLE ٧D ☐ Delete TITLE SMITH, JOYCE NAME NAME STREET ADDRESS STREET ADDRESS **25 STARFISH DRIVE** CITY-ST-ZIP CITY-ST-ZIP VERO_BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NORRIS, MARGUERITE STREET ADDRESS STREET ADDRESS 2333 INDIAN RIVER BLVD., SPT 302 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 Block 11 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Daytime Phone #