

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756193

03-07-2000 90032 026 ***236.25

1. Entity Name

RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE

FILED 756193
SECRETARY OF STATE
DIVISION OF CORPORATION

00 APR -5 PM 12:52

Principal Place of Business 2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779
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2. Principal Place of Business 441 N Harbor City Blvd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 260258 Suite, Apt. #, etc.
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City & State Melbourne, FL Zip 32935 Country U.S.A.	City & State Melbourne, FL Zip 32936-0258 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2252530 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Fairway management of Brevard, Inc.

7. Name and Address of New Registered Agent
Name: Fairway Mgmt. of Brevard, Inc.
Street Address (P.O. Box Number is Not Acceptable):
401 Palm Springs Blvd.
City: Indian Hbr. Bch., FL Zip Code: 32937

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: (NOTE: Registered Agent signature required when reinstating)

DATE: 2/18/00

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTER, KARL 441 N HARBOR CITY BLVD #C5 MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRKLTJUS, DANICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 441 N. Harbor City Blvd C-10 Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THEOFANOUS, SOPHIA 441 N HARBOR CITY BLVD C13 MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLIEGO, MARIA 441 N HARBOR CITY BLVD A11 MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, RAY 441 N HARBOR CITY BLVD., D-5 MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGOLIS, DIANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 441 N. Harbor City Blvd. C-2 Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNEN, MARI 441 N HARBOR CITY BLVD #C14 MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Averil, DAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 441 N. Harbor City Blvd D-3 Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition M/K

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 2/22/00 DAYTIME PHONE #: 321-777-7575

CRE037 (9/99)

3/13