


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 045 ****70.00

DOCUMENT # 756193

1. Entity Name
RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.



Principal Place of Business
**441 N. HARBOR CITY BLVD
MELBOURNE FL 32935**

Mailing Address
**P.O. BOX 300258
MELBOURNE FL 32966**

2. Principal Place of Business
441 N. Harbor City Blvd.

3. Mailing Address
441 N. Harbor City Blvd.

Suite, Apt. #, etc.
OFFICE

City & State
Melbourne, FL 32935

Country
BRAND



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2252530**

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

6. Name and Address of Current Registered Agent
**ALLEN, HERBERT L ESQ
ALLEN & BILLINGTON
2000 A1A
INDIAN HARBOR BEACH FL 32937**

7. Name and Address of New Registered Agent

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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete DAWSON, CHARLES	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	441 N. HARBOR CITY BLVD., A-4	NAME	
STREET ADDRESS	MELBOURNE FL 32935	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> Delete SEAMAN, MARION	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	441 N. HARBOR CITY BLVD., C-20	NAME	
STREET ADDRESS	MELBOURNE FL 32935	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete LECLAIR, TUESDAY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	441 N. HARBOR CITY BLVD., A-14	NAME	
STREET ADDRESS	MELBOURNE FL 32935	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete WHITE, WILLIAM	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	441 N. HARBOR CITY BLVD., C-16	NAME	
STREET ADDRESS	MELBOURNE FL 32935	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete BLAIR, DEBRA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	441 N. HARBOR CITY BLVD., C-3	NAME	Goodie, HEATH
STREET ADDRESS	MELBOURNE FL 32935	STREET ADDRESS	441 N. Harbor City Blvd., D-5
CITY-ST-ZIP		CITY-ST-ZIP	Melbourne, FL 32935
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *Charles M. Dawson, President* 1/7/03 (321) 254-6909

CR2E037 (10/02)