2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **756971** May 23, 2000 8:00 am 1. Entity Name **Secretary of State** RIVER SHORES PLANTATION PROPERTY OWNERS' ASSOCIA 05-23-2000 90453 047 ****61.25 Principal Place of Business Mailing Address 4301 OAK CIRCLE 4301 OAK CIRCLE SUITE 23 SUITE 23 BOCA RATON FL 33431-4258 **BOCA RATON FL 33431** 2. Principal Place of Business Mailing Address Glen Management services CO GIEN MANAGEMENT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 301 W. CAMINO GARDAUS BIVOH200 1390 4. FEI Number Applied For City & State 59-2188993 Not Applicable Boca \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREW Street Address (P.O. Box Number is Not Acceptable) **GLEN MANAGEMENT SERVICE** 4301 OAK CIRCLE SUITE 23 **BOCA RATON FL 33431** atement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits th SIGNATURE (NOTE: Registered Agent signature required when reinstating) stered agent and title if applicable Signature, typed or printed name 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 11. 10. Addition ☐ Change PD Delete TITLE NAME LADD, J STREET ADDRESS STREET ADDRESS 2500 N MILITARY TRAIL #102 CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33431 ☐ Addition ☐ Delete TITLE Change **VPD** TITLE NAME NAME BOYER, L STREET ADDRESS STREET ADDRESS 2500 N MILITARY TRAIL#102 CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33431 Change Addition TITLE ☐ Delete NAME QUINN, ROBERT STREET ADDRESS STREET ADDRESS 2143 NW 19TH DR CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change Addition TITLE STD ☐ Delete TITLE NAME NAME RUDD, J STREET ADDRESS 2500 N MILITARY TRAIL #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON-FL-33431-☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 supplier shall eport, 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 of trusted empowered to execute that 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 a powered.

Daytime Phone #