

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90070 024 ****70.00

DOCUMENT # 756971

1. Entity Name

RIVER SHORES PLANTATION PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**C/O GLEN MGMT SERVICE
301 W CAMINO GARDENS BLVD #200
BOCA RATON FL 33432
US**

Mailing Address

**C/O GLEN MGMT SERVICES
PO BOX 1390
BOCA RATON FL 33429-1390
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2188993**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEN, ANDREW C
301 W CAMINO GARDENS BLVD
#200
BOCA RATON FL 33432**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐ Delete

TITLE **PD**
NAME **LADD, J**
STREET ADDRESS **2500 N MILITARY TRAIL #102**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VPD**
NAME **BOYER, L**
STREET ADDRESS **2500 N MILITARY TRAIL #102**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VD**
NAME **QUINN, ROBERT**
STREET ADDRESS **2143 NW 19TH DR**
CITY-ST-ZIP **STUART FL**

TITLE **STD**
NAME **RUDD, J**
STREET ADDRESS **2500 N MILITARY TRAIL #102**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

(561) 392-0977

CR2E037 (10/02)