

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760883

1. Entity Name

415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, I

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90085 034 ****61.25

Principal Place of Business C/O CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455	Mailing Address C/O CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455-6159
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O CONCEPT MGMT SERVICE	3. Mailing Address C/O CONCEPT MGMT SERVICE
--	--

Suite, Apt. #, etc. 400 TONEY PENNA DRIVE	Suite, Apt. #, etc. 400 TONEY PENNA DRIVE
--	--

City & State JUPITER FLORIDA	City & State JUPITER FLORIDA
---------------------------------	---------------------------------

4. FEI Number 65-0159078	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip 33458	Country USA	Zip 33458	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	--------------	----------------	---

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URGO, GEORGE E
 CONCEPT MANAGEMENT SERVICE
 7136 SE OSPREY STREET
 HOBE SOUND FL 33455

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CANTERBURY, SHARREN	415 N RIVER DR., #101	STUART FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
VD	NORTHCUTT, JAMES	415 N RIVER DR., #202	STUART FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
SD	PODBIELSKI, LUCIA	415 N RIVER DR., #402	STUART FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
TD	MOUND, ALICE	415 N RIVER DR., #201	STUART FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Alice Mound **ALICE MOUND** 04-25-00 (521) 546-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)