

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90049 019 \*\*\*\*61.25

**DOCUMENT # 760883**

1. Entity Name

**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

C/O CONCEPT MANAGEMENT SERVICE  
 400 TONEY PENNA DR  
 JUPITER FL 33458

C/O CONCEPT MANAGEMENT SERVICE  
 400 TONEY PENNA DR  
 JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

C/O SIGNATURE PROP. MNGMNT  
 Suite, Apt. #, etc.  
 666 NEDIXIE HWY

C/O SIGNATURE PROP. MNGMNT.  
 Suite, Apt. #, etc.  
 PO BOX 193

City & State  
 JENSEN BEACH FL

City & State  
 JENSEN BEACH FL

4. FEI Number  
 65-0159078

Applied For  
 Not Applicable

Zip  
 34957

Country  
 MARTIN

Zip  
 34953

Country  
 MARTIN

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



DO NOT WRITE IN THIS SPACE

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  
 JAKAB, JOSEPH J.  
 Street Address (P.O. Box Number is Not Acceptable)  
 C/O SIGNATURE PROPERTY MANAGEMENT  
 666 NE DIXIE HWY  
 City  
 JENSEN BEACH FL Zip Code  
 34957

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 Joseph J. Jakab JOSEPH J. JAKAB 3/21/01  
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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Date Daytime Phone #

CR2E037 (10/00)