

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90100 018 ****61.25

DOCUMENT # 760883



1. Entity Name
**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
JAKAB MANAGEMENT JAKAB MANAGEMENT
666 NE DIXIE HWY PO BOX 111
JENSEN BEACH FL 34957 JANSEN BCH FL 34968

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0159078** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAKAB, JOSEPH J
666 NE DIXIE HWY
JENSEN BEACH FL 34957

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMER, RICHARD	
STREET ADDRESS	415 N RIVER DR #303	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *[Signature]* **1-20-03** **772** **225-5058**

CR2E037 (10/02)