

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90100 020 ****61.25

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DOCUMENT # N0000003575					
1. Entity Name 1610 RIVER PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ONE N.E. FIRST ST. 700 MIAMI, FL 33132			Mailing Address ONE N.E. FIRST ST. 700 MIAMI, FL 33132		
Principal Place of Business 1610 NW North River Dr.		3. Mailing Address c/o Valledor Co #211			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1450 Coral Way			
City & State Miami, Fl		City & State Miami, Fl		4. FEI Number 65-1099712	
Zip 33125		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33145		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, PAUL 13132 W. DIXIE HWY MIAMI, FL 33161			7. Name and Address of New Registered Agent Name Robert Valledor Street Address (P.O. Box Number is Not Acceptable) c/o Valledor Co #211 1450 Coral Way Suite 1 City Miami FL Zip Code 33145-2856		
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		ROBERT VALLEDOR		3/11/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, SANTIAGO E 1610 NW WORTH RIVER DR. UNIT 211 MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Bijur 1610 NW N River Dr #112 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVSLA, HECTOR 1610 NW WORTH RIVER DR. UNIT 206 MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thelma B Bødadilla 1610 NW N River Dr #101 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Arnold Leavitt 1610 NW N River Dr #207 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eloise Simons 1610 NW N River Dr #312 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raul Zamora 1610 NW N River Dr #307 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Luis Rodriguez 1610 NW N River Dr #304 Miami, Fl 33125	<input type="checkbox"/> Change <input checked="" 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:		Robert Bijur, President March 11, 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	