

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90038 050 \*\*\*\*61.25

**DOCUMENT # N01217**

1. Entity Name  
**THE RIVER CLUB TOWNHOUSES CONDOMINIUM  
ASSOCIATION INC.**



Principal Place of Business  
**1901 NW SOUTH RIVER DRIVE  
#41 & 42  
MIAMI, FL 33125**

Mailing Address  
**1901 NW SOUTH RIVER DRIVE  
#41 & 42  
MIAMI, FL 33125**

**34047501**



2. Principal Place of Business

3. Mailing Address

**9595 N. Kendall Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**205**

City & State

**Miami, FL**

03252004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0150614**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33176**

**US**

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

**KOBRIN, DAVID A  
8900 SW 107 AVE  
206  
MIAMI, FL 33176**

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

Filing Fee is \$61.25  
Due by May 1, 2004

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GARCIA, JORGE M JR.  
1901 NW SOUTH RIVER DR #41  
MIAMI, FL 33125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
VERDIAL, IRIS  
1901 NW SOUTH RIVER DR #29  
MIAMI, FL 33125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ALBERTO, DAISY  
1901 NW SOUTH RIVER DR #5  
MIAMI, FL 33125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**IRIS VERDIAL** **4-1-04** **305-528-2730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #