

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90299 040 \*\*\*\*61.25

**DOCUMENT # N0400000721**  
 1. Entity Name  
**RIVERVIEW PROMENADE CONDOMINIUM ASSOCIATION, INC.**



**14011761**



Principal Place of Business  
**C/O PANTHER MANAGEMENT CORP.  
 155 S MIAMI AVE PH-11 A  
 MIAMI, FL 33130**

Mailing Address  
**C/O PANTHER MANAGEMENT CORP.  
 155 S MIAMI AVE PH-11 A  
 MIAMI, FL 33130**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04202005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-2741043**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REGISTERED AGENTS OF FLORIDA, LLC.  
 100 SE SECOND ST STE 2900  
 MIAMI, FL 33131-2130**

**7. Name and Address of New Registered Agent**

Name **Daniel Sirlin**

Street Address (P.O. Box Number is Not Acceptable)  
**155 South Miami Avenue PH11A**

City **Miami** State **FL** Zip Code **33130**

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 **Daniel Sirlin** **4-20-05**

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIRLIN, DANIEL 155 S MIAMI AVE PH 11-A MIAMI, FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCNEILL, DOUGLAS W 1404 MARSH LANDING PKWY STE 104 JACKSONVILLE BCH, FL 32200 <input checked="" 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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: **Daniel Sirlin** **4/21/05** **305-374-5451**

(NOTE: Signature required for officer or director) Date Daytime Phone #