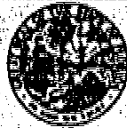


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:12

DOCUMENT # **N11617** (0)

1. Corporation Name

**RIVERVIEW GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1000 S.E. 4TH STREET FT. LAUDERDALE FL 33301</b>	Mailing Address <b>1000 S.E. 4TH STREET FT. LAUDERDALE FL 33301</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>10/16/1985</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-0858327</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BILLINGS, ROBERT  
1000 S.E. 4TH ST.  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<del>BILLINGS, ROBERT</del>
STREET ADDRESS	<del>1000 SE 4TH ST., #311</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	<b>VD</b>
NAME	<del>SWINSCOR, PETER</del>
STREET ADDRESS	<del>1000 SE 4TH ST., #308</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	<b>SD</b>
NAME	<b>MORI, PAMELA</b>
STREET ADDRESS	<b>1000 SE 4TH ST., #201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<del>PLOCEK, JOSEPH</del>
STREET ADDRESS	<del>1000 SE 4TH ST., #205</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	<b>D</b>
NAME	<del>PRIEST, BETH S</del>
STREET ADDRESS	<del>1000 SE 4TH ST., #316</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	<b>D</b>
NAME	<del>BECKMANN, JEANNE</del>
STREET ADDRESS	<del>1000 S.E. 4TH ST., #325</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRIEST, BETH S</b>	
1.3 STREET ADDRESS	<b>1000 S.E. 4TH ST #316</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SHEAHAN, JACK</b>	
2.3 STREET ADDRESS	<b>1000 S.E. 4TH ST #</b>	
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	
3.1 TITLE	<b>TRENS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PARQUE, DAVID</b>	
3.3 STREET ADDRESS	<b>1000 S.E. 4TH ST #124</b>	
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BILLINGS, ROBERT</b>	
4.3 STREET ADDRESS	<b>1000 S.E. 4TH ST #319</b>	
4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SWINSCOR, PETER</b>	
5.3 STREET ADDRESS	<b>1000 S.E. 4TH ST #308</b>	
5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in no other report with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Director 3/14/95  
Date Daytime / Home #