


FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11617 (0)

1. Corporation Name
RIVERVIEW GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1000 S.E. 4TH STREET FT. LAUDERDALE FL 33301	Mailing Address 1000 S.E. 4TH STREET FT. LAUDERDALE FL 33301
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3. Date Incorporated or Qualified
10/16/1985

4. FEI Number
59-0858327

Applied For	
Not Applicable	

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**PARDUE, DAVID
1000 S.E. 4TH ST.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name **JACK SHEAHAN**

82. Street Address (P.O. Box Number is Not Acceptable)
1000 S.E. 4TH ST

83. City **FT. LAUDERDALE** FL 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jack Sheahan* DATE **3/27/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAHAN, JACK	1.2 NAME	JACK SHEAHAN
STREET ADDRESS	1000 SE 4TH ST., #311	1.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUD., FL 33301
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIEST, BETHS	2.2 NAME	BETH S. PRIEST
STREET ADDRESS	1000 S.E. 4TH ST.	2.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUD., FL 33301
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, EDWARD	3.2 NAME	JACK FONTAINE
STREET ADDRESS	1000 SE 4TH ST @221	3.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUD., FL 33301
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARDUE, DAVID	4.2 NAME	WENDY WALKER
STREET ADDRESS	1000 S.E. 4TH ST., #124	4.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUD., FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLINGS, ROBERT	5.2 NAME	GARRY CATTLE
STREET ADDRESS	1000 S.E. 4TH ST., #219	5.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUD., FL 33301
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JOAN	6.2 NAME	MARTIN HOFFMAN
STREET ADDRESS	1000 S.E. 4TH ST. #104	6.3 STREET ADDRESS	1000 S.E. 4TH ST
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUD., FL 33301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Jack Sheahan* DATE **3/27/98** (954)462-1773

CP2E037 (10/97)