

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90084 047 ****61.25

DOCUMENT # N11617
 1. Entity Name
RIVERVIEW GARDEN APARTMENTS CONDOMINIUM ASSOCIAT *P*

Principal Place of Business Mailing Address
 1000 S.E. 4TH STREET 1000 S.E. 4TH STREET
 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 8051 W. McNab Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Tamarac, FL
 Zip Country Zip Country
 33321 US 33321 US

4. FEI Number Applied For
 59-0858327 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SHEAHAN
 SHENHAN, JACK
 1000 SE 4TH ST
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name: Ambassador Community Management
 Street Address (P.O. Box Number is Not Acceptable): 8051 W. McNab Rd
 City: Tamarac, FL Zip Code: 33321

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.
 SIGNATURE: *Steve Culotta, Manager* DATE: 8/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEAHAN, JACK 1000 SE 4TH ST., #311 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATUE, RUTH 1000 S.E. 4TH ST. FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WENDY 1000 SE 4TH ST FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEHL, MARY J 1000 SE 4TH ST FT. LAUDERDALE FL 33301 <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	D Ed Cameron 1000 SE 4 St. #221 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Floyd Creamer 1000 SE 4ST. #304 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" 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	S Elizabeth Vino 1000 SE 4 ST. #202 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tom Beach 1000 SE 4 Street #303 Ft. Lauderdale, FL 33301 <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: *Steve Culotta* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: 8/1/00 DAYTIME PHONE #: 760-9837

CR2E037 (5/00)