

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-17-2002 90081 018 ****61.25

DOCUMENT # N11617

1. Entity Name

RIVERVIEW GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1000 S.E. 4TH STREET
 FT. LAUDERDALE FL 33301

8051 W MCNAB RD
 TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0858327**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

AMBASSADOR COMMUNITY MANAGEMENT
8051 W MCNAB RD
TAMARAC FL 33321

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **P** GRAVES, RICHARD Delete
 STREET ADDRESS **1000 SE 4TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE NAME **PD** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **STD** PLOCEK, JOE Delete
 STREET ADDRESS **1000 SE 4TH STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D** CREAMER, FLOYD Delete
 STREET ADDRESS **1000 SE 4ST #304**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VP** MEHL, MARY J Delete
 STREET ADDRESS **1000 SE 4TH ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE NAME **VPD** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D** STEWART, NAOMA Delete
 STREET ADDRESS **1000 SE 4TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 another like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)