

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90107 003 ****61.25

DOCUMENT # N33555

1. Entity Name

THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PROFESSIONALLY YOURS. INC.
 1342 SE 46 LN #3
 CAPE CORAL FL 33904
 US

C/O PROFESSIONALLY YOURS. INC.
 PO BOX 831
 CAPE CORAL FL 33910-0700
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4019 SE 20 Place

3. Mailing Address

c/o Benson's, Inc.

Suite, Apt. #, etc.
 Unit 403

Suite, Apt. #, etc.

12650 Whitehall Dr.

City & State

Cape Coral, FL

City & State

Fort Myers, FL

4. FEI Number

65-0344134

Applied For

Not Applicable

Zip

33904

Country

Lee

Zip

33907

Country

Lee

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

OLSON, BARBARA
 PROFESSIONALLY YOURS, INC.
 1342 SE 46 LN #3
 CAPE CORAL FL 33904

Name

Mark R. Benson

Street Address (P.O. Box Number is Not Acceptable)

12650 Whitehall Dr.

City

Fort Myers

FL

Zip Code

33907

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 **VD** Delete
 NAME **HEROLD, SAM**
 STREET ADDRESS **4019 SE 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **TD** Change Addition
 NAME **Antle, Robert I.**
 STREET ADDRESS **4019 SE 20 Pl, #202**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **D** Delete
 NAME **SQUILLACE, FRANK**
 STREET ADDRESS **4019 SE 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HODES, STUART**
 STREET ADDRESS **4019 SE 20TH PLACE 703**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MILES, CONNIE**
 STREET ADDRESS **4019 SE 20TH PLACE 702**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **MCNAIR, JACK**
 STREET ADDRESS **4019 SE 20 PL S403**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

Daytime Phone #