

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N30554** (2)

1. Corporation Name

THE HOMES AT RIVERBEND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CUSTOM PROPERTY MANAGEMENT
10061 SUNSET STRIP
SUNRISE FL 33322

CUSTOM PROPERTY MANAGEMENT
10061 SUNSET STRIP
SUNRISE FL 33322

3. Date Incorporated or Qualified

02/08/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0122577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **GOLDMAN & JUDAH, P.A.**

26 **GOLDMAN & JUDAH, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **7771 W. OAKLAND PK. BLVD - 201**

27 **7771 W. OAKLAND PK. BLVD - 201**

City & State

City & State

23 **SUNRISE FL**

28 **SUNRISE FL**

Zip

Zip

24 **33351**

Country **USA**

Country **USA**

25 **BROWARD**

29 **33351**

Country **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSTOM PROPERTY MANAGEMENT
10061 SUNSET STRIP
SUNRISE FL 33322

81 Name

GOLDMAN & JUDAH, P.A.

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

7771 W. OAKLAND PK BLVD #201

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33351

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

Goldman & Judah, P.A. by Raymond H. Hirsch

2-2-96

Signature of officer or director of registered agent, and file if applicable.

NOTE: Registered agent signature required when reinstating!

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONDO, MARRY ANN	
STREET ADDRESS	148 W. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	THSAYER, PAUL	
STREET ADDRESS	375 W. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, KAREN	
STREET ADDRESS	344 S. KETCH DR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSEN, GUILLERMO	
STREET ADDRESS	356 W. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABIN, JORGE	
STREET ADDRESS	374 E. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, FRANK	
STREET ADDRESS	349 W. RIVERBEND DR	
CITY-ST-ZIP	SUNRISE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THAYER, PAUL
2.3 STREET ADDRESS	375 W. RIVERBEND DR.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE-PRESIDENT
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRESIDENT
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 119.07(3)(k), 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:

Forge R. Sabin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (954) 389-0271

Date Daytime Phone

CP2E037 (12/95)