FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Stale

	1996 DIVISION OF CORPORATIONS								
DOCU 1. Corporation	MENT # 71740	1 (4)							
	RIUS CONDOMINIUM ASSO								
Principal Plac	e of Business	Mailing Address							
2751 S OCEAN DRIVE 2751 S OCEAN DRIVE									
HOLLYWOOD	D. FL . 33019	HOLLYWOOD, FL . 3301	9						
						3. Date Incorporated or Qualified 10/21/1969	3a. Date of 06/2	Last Report 0/1995	
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-1445052		Not Applicable	
22	· π, στο.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
Orty & Stal	te	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Coun	itry		This corporation has liability for in		Added to Fees ler s. 199.032,	
24	25	29							
i	9. Name and Address of Curren	it Hegistered Agent		B1 Name		10. Name and Address of New Re	gistered Agen	1	
COLDE	FOOED DEDUADD I		Ľ	B1 Nam	ne .				
GOLDBERGER, BERNARD J. 2751 SOUTH OCEAN DRIVE, #1404-NO				et Addres	s (P.O. Box Number is Not Acceptable)			
	NOOD FL 33019		h	B3			-		
, , occi	100012 00013								
			1	B4 City			FL 85	Zip Code	
11, Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named	corporati	on submits this statement for the purp	coo of obanoina	Its registered office	
Or registe	ered agent, or both, in the State of Floric rith, and accept the obligations of, Sect	ia. Such change was authorize	d by the co	orporation'	n's board	of directors. I hereby accept the appoi	ntment as regist	ered agent. I am	
SIGNATURE									
12.				gent signatur	re required w	red when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
TITLE	ATD	▼ DELETE	13.		T				
NAME	GEGERSON, PHYLLIS	₩,	1.2 NAM	• •	'	arpi,Samuel	Cha	nge 🙀 Addition	
STREET ADDRESS	2751 S OCEAN DR			EET ADORESS	is !				
CrTY-ST-ZIP	HOLLYWOOD, FL 00000			r-ST-ZIP	Ĭ				
TITLE	CD	DELETE		2 1 TITLE			☐ Chai	nge 🔲 Addition	
NAME:	FROST, PAUL		2.2 NAM	1E					
STREET ADDRESS	2751 S OCEAN DR		23 STRI	EET ADDRESS	s				
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2 4 CIT	Y-ST-71P	1				
TITLE	TD	DELETE	3 1 TITL	3 1 TITLE			[_] Chai	nge 🔲 Addition	
NAME	GOLDBERGER, BERNARD J.		3.2 NAV	3.2 NAME					
STREET ADDRESS	2751 S OCEAN DR		3 3 STR	3 3 STREET ADDRESS					
CITY - ST - ZIP	HOLLYWOOD, FL 00000	F-1		3 4. CITY - ST - ZIP					
TITLE	SD SPECIAL CONTRACTOR	DELETE		4.1 TOTLE			Char	nge 🔲 Addition	
NAME	DREILING, MURIEL		4. 2 NAM						
STHEET ADDRESS	2751 S OCEAN DR			EET ADDRESS	S				
CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE		-ST-ZIP	-			an Filedon	
NAME	PD ACKERMAN, LIBBY	□ NETER	5.1 T(TL)				Char	nge 🔲 Addition	
STHEET ADDRESS	2751 S. OCEAN DRIVE		5.2 NAM		p.				
CITY-ST-ZIP	HOLLYWOOD FL			EET ADDRESS	9				
TITLE	HOLLINOOD FL	DELETE	5.4 CITY 6.1 TITU	-ST-ZIP	+		☐ Char	nge 🔲 Addition	
1 "	i		3 1 111(1	-	1		الما الما	An Dogggod	

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 12 or Block 12 or on an attachment with an address.

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIVILED, NAME OF SIGNING OFFICER OF DIRECTOR

954- 921-7924