

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90660 034 ****61.25

DOCUMENT # N96000000322

1. Entity Name

RIVERVIEW AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4820 20TH AVE
 VERO BEACH FL 32967
 US**

**4820 20TH AVE
 VERO BEACH FL 32967
 US**

2. Principal Place of Business

3. Mailing Address

100 Vista Royale Blvd.

100 Vista Royale Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0681023

Applied For

Not Applicable

Zip

32962

Country

US

Zip

32962

Country

US

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

**RULE, LISA A
 4820 20TH AVE.
 VERO BEACH FL 32967**

Name
Alan P. Romano

Street Address (P.O. Box Number is Not Acceptable)
100 Vista Royale Blvd.

City
Vero Beach,

FL

Zip Code
32962

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

Alan P. Romano

Alan P. Romano

4.1.02

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 STREET ADDRESS CITY-ST-ZIP	DP TULLOCH, V C 4820 20TH AVE VERO BEACH FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SMITH, NORMA D. 4820 20TH AVE VERO BEACH FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SULLIVAN, J 4820 20TH AVE VERO BEACH FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA A 4820 20TH AVE VERO BEACH FL 32967	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Romano, Alan P. 100 Vista Royale Blvd. Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input 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:

Virginia R. Romano, President

3/27/02 (772) 562-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)