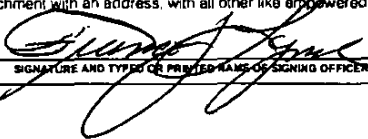


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

06-16-2006 90104 015 ****61.25

DOCUMENT # 723206					
1. Entity Name RIVER'S BEND CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 1839 MIDDLE RIVER DR FORT LAUDERDALE, FL 33305			Mailing Address 1839 MIDDLE RIVER DR FORT LAUDERDALE, FL 33305		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ROYAL PROPERTY MANAGEMENT, INC. 8317 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIEMAN, CHARLES 1839 MIDDLE RIVER DR., APT. 300 FORT LAUDERDALE, FL 33305 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL Lombardi ☐ Change ☒ Addition 1839 Middle River Dr. # 302 Ft Lauderdale FL 33305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, FRANK 1839 MIDDLE RIVER DR FT LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RALF FOWLER ☐ Change ☒ Addition 1839 Middle River Dr. Ft Lauderdale FL 33305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, STANLEY M 1839 MIDDLE RIVER DR FT LAUDERDALE, FL 33305 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRs ARLene Brochu ☐ Change ☒ Addition 1839 Middle River Dr # 102 Ft Lauderdale FL 33305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTA, CHARDOTTE 1839 MIDDLE RIVER DR #403 FT LAUDERDALE, FL 33305 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWOUKER, HEINZ 1839 MIDDLE RIVER DR #502 FORT LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		6/26/06 954-757-9292 Date Daytime Phone #			
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66023897



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1560101 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**