

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756193

**FILED  
May 02, 2017  
Secretary of State  
CC1721724643**

**Entity Name:** RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.

**Current Principal Place of Business:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955 US

**FEI Number: 59-2252530**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVANCED PROPERTY MANAGEMENT, INC  
1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NOLL, GERALD  
Address        1978 U S 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title           VP  
Name           ATLAS, ROBERT  
Address        1978 U S 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title           TREASURER  
Name           VAUGHN, JOHN  
Address        1978 U S 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title           SECRETARY  
Name           DANN, CINDY  
Address        1978 U S 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title           DIRECTOR  
Name           DESPOSITO, FRED  
Address        1978 US 1  
                  SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GERALD NOLL**

**PRESIDENT**

**05/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date