

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11617

**Entity Name:** RIVERVIEW GARDEN APARTMENTS CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Mar 03, 2023**  
**Secretary of State**  
**2859212849CC****Current Principal Place of Business:**5100 W COPANS RD  
SUITE 100  
MARGATE, FL 33063**Current Mailing Address:**5100 W COPANS RD  
SUITE 100  
MARGATE, FL 33063 US**FEI Number: 59-0858327****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FYVE PROPERTY MANAGEMENT  
5100 W COPANS RD  
SUITE 100  
MARGATE, FL 33063 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: ALBERT SPELL****03/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** VP  
**Name** HISHMEH, MARWAN  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** TREASURER  
**Name** SHEAHAN, JOHN K  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** SECRETARY  
**Name** DICARNE, FABRIZIO  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** DIRECTOR  
**Name** DICARNE, FABRIZIO  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** PRESIDENT  
**Name** MONTEMERANI, SABRINA  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** DIRECTOR  
**Name** TORDELLA, DEBORAH  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063**Title** DIRECTOR  
**Name** DELGROSSO, DAVID  
**Address** 5100 W COPANS RD  
SUITE 100  
**City-State-Zip:** MARGATE FL 33063

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: SABRINA MONTEMERANI****PRESIDENT****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date