

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006802

**Entity Name:** RIVERBEND MASTER ASSOCIATION, INC

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
SUITE 1950  
MIAMI, FL 33131

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**1732190364CC**

**Current Mailing Address:**

9525 W BRYN MAWR AVENUE  
SUITE 700 SUITE 1950  
ROSEMONT, IL 60018 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REED, DALE  
300 SW 1ST AVENUE, SUITE 106  
FORT LAUDERDALE, FL 33301 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: DALE REED**

**02/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MOTWANI, DEV  
Address 300 SW 1ST AVENUE, STE 106  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name WAXMAN, BRIAN  
Address 11780 US HIGHWAY ONE, STE 305  
City-State-Zip: NORTH PALM BEACH FL 33408

Title D  
Name CARROLL, KEVIN  
Address MIAMI CENTER, 201 SOUTH BAYSHORE BLVD 2601  
City-State-Zip: MIAMI FL 33131

Title D  
Name POULOS, STEVE  
Address 9525 W. BRYN MAWR AVENUE SUITE 700  
City-State-Zip: ROSEMONT IL 60018

Title D  
Name DEANGULO, JUAN  
Address 2875 NE 191ST STE, STE 800  
City-State-Zip: AVENTURA FL 33180

*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: STEVE POULOS**

**MANAGER**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date