

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003066

Entity Name: THE RIVERS BOAT BASIN PROPERTY OWNERS
ASSOCIATION, INC.**FILED**
Jan 27, 2020
Secretary of State
2193188341CC**Current Principal Place of Business:**AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904**Current Mailing Address:**AMERICAN CONDO MGMT
P.O. BOX 100399
CAPE CORAL, FL 33910 US**FEI Number: 65-0652219****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904 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: SUSAN KASE****01/27/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHARPE, BILL
Address AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name OSBORNE, DAVE
Address AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title VP, SECRETARY
Name DAURIA, DAVID
Address AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name KELLER, CHRIS
Address AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name PAWLAK, RAY
Address AMERICAN CONDO MGMT
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

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: BILL SHARPE**PRESIDENT****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date