

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90010 016 ****61.25


DOCUMENT # 713162
 1. Entity Name
RIVER SHORES ASSOCIATION, INC.

Principal Place of Business: **3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334**
 Mailing Address: **3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State

Zip: Country: Zip: Country:

00061485



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1196377** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANKER, OTTO J
3000 NE 16 AVE
D 209
OAKLAND PARK FL 33334

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.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: DP	<input type="checkbox"/> Delete
NAME: DANKER, BUD	
STREET ADDRESS: 3000 NE 16TH AVE D209	
CITY-ST-ZIP: OAKLAND PARK FL 33334	
TITLE: DV	<input type="checkbox"/> Delete
NAME: FURMAN, MAXINE	
STREET ADDRESS: 52 SCOTCHTOWN PL	
CITY-ST-ZIP: MIDDLETOWN NY 10940	
TITLE: DS	<input type="checkbox"/> Delete
NAME: BLEDSE, JANET	
STREET ADDRESS: 3020 NE 16TH AVE	
CITY-ST-ZIP: OAKLAND PARK FL 33334	
TITLE: DAS	<input checked="" type="checkbox"/> Delete
NAME: PERRY, DOROTHY	
STREET ADDRESS: P.O. BOX 468	
CITY-ST-ZIP: DENNIS MA 02638	
TITLE: DT	<input type="checkbox"/> Delete
NAME: FORSTER, JANYCE	
STREET ADDRESS: 3000 NE 16TH AVE D112	
CITY-ST-ZIP: OAKLAND PARK FL 33334	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PERRY, DOROTHY	
STREET ADDRESS: 3000 N.E. 16 AVE. #D103	
CITY-ST-ZIP: OAKLAND PARK, FL 33334	
TITLE: DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARMAN, KEN	
STREET ADDRESS: 3040 N.E. 16 Ave. #A207	
CITY-ST-ZIP: OAKLAND PARK, FL 33334	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: VIRGINIA EASLEY	
STREET ADDRESS: 2970 N.E. 16th AVE. 8113	
CITY-ST-ZIP: OAKLAND PARK, FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** *Ken Furman 4/25/01*

CR2E037 (10/00)

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-01 066 089

THIS IS NOT A PAYMENT DEVICE

FLAIR ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT NO
45-502130001-45300100-00-22002000	450000	00	D2000029195	8600	07/20/01	0084652

PAYMENT AMOUNT
\$ 61.25

DO NOT CASH

AGENCY DOCUMENT NO
V000239

|||||
RIVERSHORES ASSOCIATION
3000 NE 16TH AVE
OAKLAND PK FL 33334

Attachment

DOC # 713162
D00061485

PLEASE DIRECT QUESTIONS TO: (850) 488-0100, DEPARTMENT OF STATE

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
000000315	\$ 61.25

The Association had requested that our overpayment be applied to our 2001 filing. They instead sent our money back and we have cut a replacement.

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT