

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90128 023 ****61.25

DOCUMENT # 713162

1. Entity Name
RIVER SHORES ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1196377		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DANKER, OTTO J 3000 NE 16 AVE D 209 OAKLAND PARK FL 33334				Name KEN HARMAN			
				Street Address (P.O. Box Number is Not Acceptable) 3000 N.E. 16th AVE. DEJON OFFICE			
				City OAKLAND PARK		FL	

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: *Ken Harman* DATE: 4/17/02

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANKER, BUD 3000 NE 16TH AVE D209 OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEN HARMAN 3040 N.E. 16th AVE #207 OAKLAND PARK, FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FURMAN, MAXINE 52 SCOTCHTOWN PL MIDDLETOWN NY 10940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELIZABETH SCHWARZ 1070 N.E. 34th ST OAKLAND PARK, FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLEDSE, JANET 3020 NE 16TH AVE OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAUL BOUDREAU 3020 N.E. 16th AVE #101 OAKLAND PARK, FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERRY, DOROTHY 3000 NE 16 AVE # D103 OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VIRGINIA EASLEY 2970 N.E. 16th AVE. # B113 OAKLAND PARK, FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FORSTER, JANYCE 3000 NE 16TH AVE D112 OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BILL SMIGALA 8990 N.E. 16th AVE. # C205 OAKLAND PARK, FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARMAN, KEN 3040 N E 16 AVE # A207 OAKLAND PARK FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth Schwarz* DATE: 4/17/02 954-565-5654

CR2E037 (9/01)