


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90416 011 \*\*\*\*61.25

<b>DOCUMENT # 713162</b>			
1. Entity Name <b>RIVER SHORES ASSOCIATION, INC.</b>			
Principal Place of Business <b>3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334</b>		Mailing Address <b>3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1196377</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARMAN, KEN 3000 NE 16 AVE D 209 OAKLAND PARK FL 33334</b>		Name <b>NANCY FEENAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3000 N.E. 16th AVE.</b> City <b>OAKLAND PARK FL 33334</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Nancy M. Feenan</i>		DATE <b>4/14/03</b>	
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 Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARMAN, KEN 3000 NE 16TH AVE D209 OAKLAND PARK FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT D NANCY FEENAN 3000 N.E. 16th AVE. # E 209 OAKLAND PARK, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHWARZ, ELIZABETH 1010 N.E 34TH ST FORT LAUDERDALE FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE - PRESIDENT D CRISTE ESQUANIZI 3000 N.E. 16th AVE. # H103 OAKLAND PARK, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BOUDREAU, PAUL 3020 NE 16TH AVE OAKLAND PARK FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER D ELIZABETH SCHWARZ 1070 N.E. 34th ST OAKLAND PARK, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD EASLEY, VIRGINIA 2970 N.E 16TH AVE #B 113 OAKLAND PARK FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY D BILL SMITGALA 3490 N.E. 16th AVE # C205 OAKLAND PARK, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SMITGALA, BILL 2990 N.E 16TH AVE #C205 OAKLAND PARK FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AGST. SEC. D KEN HARMAN 3040 N.E. 16th AVE. # A207 OAKLAND PARK, FL 33334</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HARMAN, KEN 3040 N E 16 AVE # A207 OAKLAND PARK FL 33334</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 information covered.			
SIGNATURE: <i>Elizabeth Schwarz</i>		DATE <b>4/14/03</b> DAYTIME PHONE # <b>954-565-5654</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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CHECK HERE IF MAKING CHANGES

CRE037 (10/02)