2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 08, 2006 8:00 am
Secretary of State
06-16-2006 90104 015 ****61.25

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DOCUMENT # 723206

1. Entity Name
RIVER'S BEND CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
1839 MIDDLE RIVER DR FORT LAUDERDALE, FL 33305	1839 MIDDLE RIVER DR FORT LAUDERDALE, FL 33305

04052006 Chg-NP CR2E037 (11/05)

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 59-1560101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYAL PROPERTY MANAGEMENT, INC. 8317 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	VP RIEMAN, CHARLES 1839 MIDDLE RIVER DR., APT. 300 FORT LAUDERDALE, FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAUL LOMBARDI 1829 Middle River DR. #302 Ft Lauderdale FL 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, FRANK 1839 MIDDLE RIVER DR FT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RALF FOWLER 1839 Middle River DR. Ft Lauderdale FL 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAUFMAN, STANLEY M 1839 MIDDLE RIVER DR FT LAUDERDALE, FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES ARLENE BROCHU 1839 Middle River DR # 102 Ft Lauderdale FL 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTA, CHARDOTTE 1839 MIDDLE RIVER DR #403 FT LAUDERDALE, FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWOUGKER, HEINZ 1839 MIDDLE RIVER DR #502 FORT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 6/26/06 954-757-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #