FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:32

DOCUMENT # **745618** **(9)**

1. Corporation Name
RIVERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19400 NE 25TH AVE NORTH MIAMI BEACH FL 33180	19400 NE 25TH AVE NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1979
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1909767 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J.
3990 SHERIDAN ST., SUITE 109
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTYN, LYMAN	1.2 NAME	
STREET ADDRESS	19216 N.E. 25TH AVE., #292	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	
TITLE	~~VD~~ TD	2.1 TITLE	TD ☑ Change ☐ Addition
NAME	BERNSTEIN, MARVIN	2.2 NAME	
STREET ADDRESS	19424 NE 26 AVE. #132	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, NANCY	3.2 NAME	
STREET ADDRESS	19428 N.E. 26 AVE. #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33180	3.4 CITY-ST-ZIP	
TITLE	~~TD~~ ~~VD~~ VD	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	EISENBERG, NORMAN	4.2 NAME	
STREET ADDRESS	19408 N.E. 26 AVE., #154	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COBIN, EDWARD	5.2 NAME	
STREET ADDRESS	19240 N.E. 25 AVE. #243	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL 33180	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	USTON, CLIVE	6.2 NAME	STEVE MORRIS
STREET ADDRESS	19452 NE 26TH AVE. #34	6.3 STREET ADDRESS	19316 N.E. 25th AVE #182
CITY-ST-ZIP	N MIAMI BEACH FL 33180	6.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33180

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: * Lyman Martyn 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004867