

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90001 039 ****61.25

DOCUMENT # 745618

1. Entity Name

RIVERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19400 NE 25TH AVE.
N. MIAMI BEACH FL 33180

19400 NE 25TH AVE.
N. MIAMI BEACH FL 33180

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 59-1909767

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

FEIN, STEVEN A
900 SOUTH STATE ROAD 7
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARTYN, LYMAN
STREET ADDRESS 19216 NE 25TH AVE. #292
CITY-ST-ZIP N. MIAMI BEACH FL 33180
☐ Delete *NOTE CHANGE*

TITLE SD
NAME BLUM, MARCIA
STREET ADDRESS 19448 NE 26th AVE #74
CITY-ST-ZIP N. MIAMI BEACH, FL. 33190
☐ Change ☒ Addition

TITLE VD
NAME BERNSTEIN, MARVIN
STREET ADDRESS 19424 NE 26TH AVE. #133
CITY-ST-ZIP N. MIAMI BEACH FL 33180
☐ Delete *NOTE CHANGE*

TITLE VD
NAME MARTYN, LYMAN
STREET ADDRESS 19216 NE 25TH AVE #292
CITY-ST-ZIP N. MIAMI BEACH, FL. 33190
☒ Change ☐ Addition

TITLE D
NAME COLLAD, CAROLYN
STREET ADDRESS 19464 NE 216TH AVE. #24
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180
☒ Delete

TITLE PD
NAME BERNSTEIN, MARVIN
STREET ADDRESS 19424 26th AVE #132
CITY-ST-ZIP N. MIAMI BEACH, FL. 33190
☒ Change ☐ Addition

TITLE SD
NAME BEVAN, WILLIAM
STREET ADDRESS 19216 NE 25TH AVE. #293
CITY-ST-ZIP N. MIAMI BEACH FL 33180
☐ Delete *NOTE CHANGE*

TITLE D
NAME BEVAS, WILLIAM
STREET ADDRESS 3809 SW 167 AVE
CITY-ST-ZIP MIRAMAR, FL. 33027
☒ Change ☐ Addition

TITLE D
NAME GALITZ, ROBERT
STREET ADDRESS 19224 NE 25TH AVE. #264
CITY-ST-ZIP N. MIAMI BEACH FL 33180
☒ Delete

TITLE D
NAME COBIN, EDWARD
STREET ADDRESS 19240 N.E. 25TH AVE #243
CITY-ST-ZIP N. MIAMI BEACH, FL. 33180
☐ Change ☒ Addition

TITLE TD
NAME DEA, CATHERINE
STREET ADDRESS 19444 NE 26TH AVE. #61
CITY-ST-ZIP N MIAMI BEACH FL 33180
☐ Delete

TITLE D
NAME SCOTT, HOWARD
STREET ADDRESS 19212 N.E. 25TH AVE #283
CITY-ST-ZIP N. MIAMI BEACH, FL. 33180
☐ Change ☒ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 305 932 4336

CR2E037 (9/01)