

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90057 043 ****61.25

DOCUMENT # 747895

1. Entity Name

RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

**3100 S ATLANTIC AVE
 #101
 COCOA BCH FL 32931**

**3100 S ATLANTIC AVE
 #101
 COCOA BCH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3058711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LIVINGSTON, ELMER W
 3100 S ATLANTIC AVENUE #103
 COCOA BEACH FL 32931**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
S/T	LIVINGSTON, ELMER W	3100 SOUTH ATLANTIC AVENUE #103	COCOA BEACH FL 32931	<input type="checkbox"/>
PD	ELSEY, DAVID MR	3100 S. ATLANTIC AVENUE #101	COCOA BEACH FL	<input checked="" type="checkbox"/>
D	KELLY, PAUL MR	56 MOORLAND ROAD	SCITUATE MA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
N/A				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	MEIR SHAKED	3100 S. ATLANTIC AV #208	COCOA BEACH, FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRES	TROY MANN	3100 S. ATLANTIC AV #203	COCOA Bch, FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Elmer W. Livingston* **ELMER W. LIVINGSTON** 321 7834182
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-9-01 Daytime Phone #

CR2E037 (10/00)