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 APR 10 PM 1:55

DOCUMENT # 761356 (5)

1. Corporation Name

THREE RIVERS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1810 EAST OAKLAND PARK BLVD. OAKLAND PARK FL 33306	1810 EAST OAKLAND PARK BLVD. OAKLAND PARK FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1982
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2217228 ☐ 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 (21)	2a. Mailing Address (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

GUASTELLA, CHARLES V.
816 S.E. 9TH STREET, SUITE D
DEERFIELD BEACH FL 33441

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	PRESIDENT, DIRECTOR ☒ Change ☐ Addition
NAME	DIAZ, ARMANDO	1.2 NAME	CHARLES V. GUASTELLA P.D.
STREET ADDRESS	8301 N CORAL CIR	1.3 STREET ADDRESS	816 S.E. 9ST SUITE D
CITY-ST-ZIP	N LAUDERDALE FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH FL. 33486
TITLE	SD	2.1 TITLE	VICE-PRESIDENT, TREASURER ☒ Change ☐ Addition
NAME	STERN, ROLF	2.2 NAME	ELIZABETH WILLIAMSON
STREET ADDRESS	950 PONCE DE LEON RD.	2.3 STREET ADDRESS	1818 E. OAKLAND PARK BLVD. #98 S.P.T.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL. 33306
TITLE	D	3.1 TITLE	SECRETARY, DIRECTOR ☒ Change ☐ Addition
NAME	STERN, ROLF	3.2 NAME	MARY W. WYLAND
STREET ADDRESS	950 PONCE DE LEON RD	3.3 STREET ADDRESS	1812 E. OAKLAND PARK BLVD #21 S.P.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	OAKLAND PARK, FL. 33306
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #