

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified 01/07/1982 3a. Date of Last Report 04/10/1995  
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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 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 Collier, Douglas E.  
82 Street Address (P.O. Box Number is Not Acceptable) 816 S.E. 9th Street, Suite D  
83 Deerfield Beach, FL 33441  
84 City Deerfield Beach FL 85 Zip Code 33441

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Douglas E. Collier* DOUGLAS E. COLLIER 2/16/95  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD ☒ DELETE  
NAME GUASTELLA, CHARLES V.  
STREET ADDRESS 816 SE 9TH ST #D  
CITY-ST-ZIP DEERFIELD BEACH FL  
TITLE VPT ☒ DELETE  
NAME WILLIAMSON, ELIZABETH  
STREET ADDRESS 1818 E. OAKLAND PARK BLVD. #98  
CITY-ST-ZIP OAKLAND PARK FL  
TITLE SD ☒ DELETE  
NAME WYLAND, MARY W.  
STREET ADDRESS 1812 E. OAKLAND PARK BLVD. #21  
CITY-ST-ZIP OAKLAND PARK FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Collier, Douglas E.  
1.3 STREET ADDRESS 816 S.E. 9th Street, Suite D  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441 ☒ Change ☐ Addition  
2.1 TITLE VPD  
2.2 NAME Jericiau, Robert  
2.3 STREET ADDRESS 2500 E. Las Olas Blvd. #604  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☒ Change ☐ Addition  
3.1 TITLE STD ☒ Change ☐ Addition  
3.2 NAME Williamson, Elizabeth  
3.3 STREET ADDRESS 1818 E. Oakland Park Blvd. #98  
3.4 CITY-ST-ZIP Oakland Park, FL 33306 ☐ Change ☐ Addition  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: *Douglas E. Collier* DOUGLAS E. COLLIER 2/16/95 954-360-9977  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)