SECOND NOTICE: CC C A1 L = L.SSOLVED C. C. AFTER SEFTE = 2K . . , 1
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 98 OCT 20 PM 3: 58 1998 DIVISION OF CORPORATIONS DOCUMENT # 761356 (5)SECRETARY OF STATE THREE RIVERS EAST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1810 EAST OAKLAND PARK BLVD. 1810 EAST OAKLAND PARK BLVD. 3. Date Incorporated or Qualifled OAKLAND PARK FL 33306 OAKLAND PARK FL 33306 01/07/1982 4. FEI Number Applied For 59-2217228 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8,75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?

Yes No City & State City & State 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JANET COCHRANE COLLER, DOUGLAS E. 82 Street Address (P.O. Box Number is Not Acceptable) 816 SE 97H STREEET, SUITE D 1810 FAST OAKLAND PARK BLVD 83 DEERFIELD BEACH FL 33441 84 City Zip Code 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. d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE PD DELETE Change Addition PRESIDENT NAME COLLER, DOUGLAS-E 1.2 NAME JANET COCHRANE 816 9TH STREET, SUITE D STREET ADDRES 1.3 STREET ADDRESS 1810 E.OAKLAND PK. BLVD. DEERFIELD BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE **VPD** DELETE 2.1 TITLE FT.LAUDERDALE, FL. Change Addition NAME JERICIAU, ROBERT 2.2 NAME GWEN SAUNDERS VICE PRESIDENT 2500 ELAS OLAS BLVD 604 STREET ADDRES 2.3 STREET ADDRESS 1810 EAST OAKLAND PK.BLVD. PT. LAUDERDALE FL FT LAUDERDALE, CITY-ST-ZIF 2.4 CITY-ST-ZIP 33306 TITLE STD 3.1 TITLE DELETE Change SECretary WILLIAMSON, ELIZABETH 3.2 NAME NAME LIZABETH WILLIAMS .~ 18 EOAKIAD PRBUD 1818 E OAKLAND PARK BLVD 98 STREET ADDRESS 3.3 STREET ADDRESS oakland Park Fl CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME 400002670394---10/22/98--01087--001 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP *****61.25 ********₽** TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 sertify 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 that our other contents and that it is 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. aid other OUIRED

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: