

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90028 043 ****61.25

DOCUMENT # 761356

1. Entity Name
**THREE RIVERS EAST CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**1810 EAST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33306**

Mailing Address
**1810 EAST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33306**



03012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2217228

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COCHRAN, JANET
1810 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet Cochran*
Signature, typed or printed name of registered agent and title if applicable.

3/8/04
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCHRAN, JANET 1810 EAST OAKLAND PARK BLVD. OAKLAND PARK, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHRUFF, RICHARD 1810 E OAKLAND OK BLVD OAKLAND PARK, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, GWEN 1810 E OAKLAND OK BLVD OAKLAND PARK, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Janet Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/04 954.3222669
Date Daytime Phone #

JANET T. COCHRAN