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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 762935 (5)

1. Corporation Name

RIVERVIEW SQUARE CONDOMINIUM ASSN., INC.

Principal Place of Business

251 BRYAN BLVD.
PLANTATION FL 33317
US

Mailing Address

251 BRYAN BLVD.
PLANTATION FL 33317-3742
US



3. Date Incorporated or Qualified
04/19/1982

3a. Date of Last Report
05/16/1996

4. FEI Number
59-2232903

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUNSFORD, IRMA
251 BRYAN BLVD
PLANTATION FL 33317

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LUNSFORD, IRMA
STREET ADDRESS 251 BRYAN BLVD
CITY-ST-ZIP PLANTATION FL 33317 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~SD~~
NAME ~~BOOTHROYD, MERRILL~~
STREET ADDRESS ~~3041 HOLIDAY SPRINGS BLVD., APT. 102~~
CITY-ST-ZIP ~~MARGATE FL 33069~~ ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Elizabeth Markley
2.3 STREET ADDRESS 9896 Liberty Court
2.4 CITY-ST-ZIP Boca Raton, FL 33434

TITLE T
NAME ZUKOWSKI, DAN
STREET ADDRESS 324 N.W. 105TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~D~~
NAME ~~JALBERT, VIRGINIA~~
STREET ADDRESS ~~1354 N.W. 84TH DRIVE~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33071~~ ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Daryl Lunsford
4.3 STREET ADDRESS 755 N.W. 35th St.
4.4 CITY-ST-ZIP Oakland Park, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 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: *[Signature]* 4-30-97 (254) 591 1212

CR2E037 (9/96)