

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762935

FILED
Apr 27, 2009
Secretary of State

Entity Name: RIVERVIEW SQUARE CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

251 BRYAN BLVD.
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

251 BRYAN BLVD.
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 59-2232903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNSFORD, IRMA
251 BRYAN BLVD
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNSFORD, IRMA
Address: 251 BRYAN BLVD
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: DEMETRIUS, DEBORAH
Address: 215 BRYAN BLVD.
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: LUNSFORD, DARYL
Address: 755 N.W. 35TH ST
City-St-Zip: OAKLAND PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA L. LUNSFORD

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date