FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # 765118 (5)

1. Corporation Name
701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
701 N RIVERSIDE DR POMPANO BCH FL 33062	701 N RIVERSIDE DR POMPANO BCH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1982
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2230899 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A., ESQ.
6520 N. ANDREWS AVENUE
BOX 9057
FT. LAUDERDALE FL 33310-9057

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MASTERS, JAMES	1.2 NAME		
STREET ADDRESS	701 N RIVERSIDE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DEMPSEY, JAMES	2.2 NAME	JOE WIEHAGEN	
STREET ADDRESS	701 N. RIVERSIDE DR.	2.3 STREET ADDRESS	701 N. RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	BAUM, GERALD	3.2 NAME		
STREET ADDRESS	701 N. RIVERSIDE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MONROE, JOHN.	4.2 NAME		
STREET ADDRESS	701 NORTH RIVERSIDE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	SCHAFER, JOHN	5.2 NAME		
STREET ADDRESS	701 W. RIVERSIDE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: JOHN SCHAFER 2/7/95 305-941-7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006019