

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 765118 (5)**

1. Corporation Name

**701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION, INC**

|  |   |
|--|---|
| Principal Place of Business                | Mailing Address                                 |
| 701 N RIVERSIDE DR<br>POMPANO BCH FL 33062 | 701 N RIVERSIDE DR<br>POMPANO BCH FL 33062-4539 |



|                                |                        |   |  |  |  |
|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>09/20/1982</b> | 3a. Date of Last Report<br><b>02/19/1996</b> |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2230899</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent  |  |
| POLIAKOFF, GARY A., ESQ.<br>6520 N. ANDREWS AVENUE<br>BOX 9057<br>FT. LAUDERDALE FL 33310-9057 |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MASTERS, JAMES                               | 1.2 NAME  | <b>LONNIE LATHAM</b>   |
| STREET ADDRESS             | 701 N RIVERSIDE DR                           | 1.3 STREET ADDRESS                                    | <b>701 N. RIVERSIDE DR</b>   |
| CITY-ST-ZIP                | POMPANO BCH, FL 00000                        | 1.4 CITY-ST-ZIP                                       | <b>POMPANO BEACH, FL 33062</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WIEHAGEN, JOE                                | 2.2 NAME  |  |
| STREET ADDRESS             | 701 N RIVERSIDE DR                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | POMPANO BCH, FL                              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                      | STD <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 or changed, or on an attachment with an address.

SIGNATURE: *John K. Schaffer* **JOHN K. SCHAFER** 1/24/97 954-941-7496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021890

CR2E037 (9/96)