

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765118** (5)  
1. Corporation Name  
**701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business <b>701 N RIVERSIDE DR POMPANO BCH FL 33062</b>	Mailing Address <b>701 N RIVERSIDE DR POMPANO BCH FL 33062</b>
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3. Date Incorporated or Qualified

**09/20/1982**

4. FEI Number

**59-2230899**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

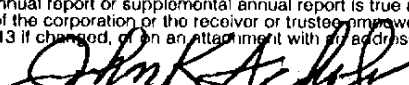
12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LATHAM, LONNIE</b>	
STREET ADDRESS	<b>701 N. RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WIEHAGEN, JOE</b>	
STREET ADDRESS	<b>701 N RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUM, GERALD</b>	
STREET ADDRESS	<b>701 N. RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONROE, JOHN.</b>	
STREET ADDRESS	<b>701 NORTH RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHAFER, JOHN</b>	
STREET ADDRESS	<b>701 W. RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>POMPANO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>EUGENE FITZGERALD</b>	
1.3 STREET ADDRESS	<b>701 N. RIVERSIDE DR, APT 502</b>	
1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
2.1 TITLE	<b>D, V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROBERT FLORIO</b>	
3.3 STREET ADDRESS	<b>701 N. RIVERSIDE DR, APT 803</b>	
3.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
4.1 TITLE	<b>D, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FRANK GRANIZO</b>	
4.3 STREET ADDRESS	<b>701 N. RIVERSIDE DR, APT 901</b>	
4.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
5.1 TITLE	<b>P, S, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>701 N. RIVERSIDE DR, APT 503</b>	
5.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with an address.

SIGNATURE:  **JOHN K. SCHAFER** 3/10/98 954-941-7496

CF2E037 (10/97)