

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 007 ****61.25

DOCUMENT # 765118

1. Entity Name
701 RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION,
INC.



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

Mailing Address
701 N RIVERSIDE DR
POMPANO BCH, FL 33062

40010844



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2230899

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFER, JOHN K
701 N RIVERSIDE DR
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John K. Schaf*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/28/05*

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OSBORNE, J
STREET ADDRESS 701 N RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ~~PD~~
NAME BAUM, J
STREET ADDRESS 701 N RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ~~STD~~
NAME SCHAFER, J
STREET ADDRESS 701 N RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VPD & SECRETARY
NAME KAYE, IAN
STREET ADDRESS 701 N RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D
NAME ZURICK, CAROL
STREET ADDRESS 701 N RIVERSIDE DR
CITY-ST-ZIP POMPANO, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John K. Schaf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. SCHAFER

Date

1/28/05 954 941 7496
Daytime Phone #