FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

M39210

(3)

RIVERLAND VILLAGE PARK HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business Ma

808 SW 12 AVE
ET LAUDEDDALE 61 22212

Mailing Address

P. O. BOX 1303 FT. LAUDERDALE FL 33302-1303



FT LAUDER US	DALE FL 33312	ft. Lauderdale fi	FT. LAUDERDALE FL 33302-1303				
						3. Date Incorporated or Qualified	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-2721891 Not Applical	
Suite, Apt ii 1	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27]				Fee Hequired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
2 3] Zup	Country	28		o soto :		Added to Fees	
24	25	Zip [29]	30	ountry		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
:71	9. Name and Address of Curre		30	T		10. Name and Address of New Registered Agent	
At at aniam tolingon vilality				81			
ARCHAMBAULT, MARC							
	V 12 AVE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	JDERDALE FL 33312			83			
	TO THE TE GOOTE			L			
				84	City	FI 85 Zip Code	
11 Pursuant t	a the requisions of Sections 607 050	and 607 1509 Florida Ctated	tae the e	hours =	anyod core :	oration submits this statement for the purpose of changing its registered offi	
or register	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	da. Such change was authoriz	zed by the	e corp	oration's boa	ard of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE	in and treecht the obligations of Dec	ilon oor losos, i longa etatate.	J.				
	Signature, typed or printed name of registerist agen	and title if applicable (N	OTE Register	red Agen	t signature require	ed when reinstating' DATE	
12.	OFFICERS AN	D DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11,116	I ADOLIANADALNIK MADO	☐ DELETE	1.1	1 TITLE		☐ Change ☐ Addition	
NAME	ARCHAMBAULT, MARC		1.2	NAME			
STREET ADDRESS	808 SW 12 AVE.		13	STREET	ADDRESS		
CITY-ST ZIP	FT. LAUDERDALE FL		1.4	CITY - S	T-ZIP		
11'LF		DELETE	2	1 TITLE		Change Addition	
NAME			2.2	NAME			
STREET ADDRESS			23	STREET	ADDRESS		
Ç TY -ST - ZIP				CITY - S	1-ZIP		
11.11		□ DELETE	3	1 TITLE		Change Addition	
NAME			32	NAME			
STHEFT ADDRESS			3.3	STREET	ADDRESS		
C TY - S1 - Z P				CITY-S	1 - ZIP		
T TLF		DELETE	4.	1 TITLE		Change Addition	
NAME			4.2	NAME			
STREET ADDRESS			43	STREET	ADDRESS		
CHY ST ZP			4.4	CITY-S	T - ZIP		
T!TLF		DELETE	1	1 TITLE		Change Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET	ADDRESS		
C(1) - \$1 - 7(P)				CITY-S	T- ZIP		
1-11-		☐ DELETE		1 TITLE		Change Addition	
NAM:			6.2	NAME			
STREET ADDRESS			63	STREET	ADDRESS		
CITY-ST-ZIP	 		6.4	CITY-S	T-ZIP		
14. I do hereb	y certify that the information supplied the information indicated on this arm	with this filing is voluntarily furnual report or supplemental ann	nished an	d doe	s not qualify t	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ale and that my signature shall have the same legal effect as if made under	

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC Archambauft ?

(305 -) 266-2787 Dayune Phone # CR2E034 (12/9