

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90009 015 \*\*\*\*61.25

**DOCUMENT # NO4000000721**

1. Entity Name

RIVERVIEW PROMENADE CONDO ASSOC, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
C/O PANTHER MGMT CORP.

3. Mailing Address  
C/O PANTHER MGMT. CORP

Suite, Apt. #, etc  
333 SO. MIAMI AVE., STE. 150

Suite, Apt. #, etc  
333 SO. MIAMI AVE., STE. 150

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33130

Country  
USA

Zip  
33130

Country  
USA

4. FEI Number  
20-2741043

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

*[Signature]*

Signature of the registered agent (if not the filer) (if applicable)

(NOTE: Registered Agent signature required when reinstating)

03-15-07

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
SIRLIN, DANIEL  
333-S. MIAMI AVE., STE. 150, MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 on an attachment with an address, without or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-07

Date

Current Phone #

CR2E037B (12/02)