2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90047 048 ****61.25

DOCUMENT # N05770

1. Entity Name
RIVERVIEW NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
333 N.E. 19TH AVE. DEERFIELD BEACH, FL 33441	333 N.E 19TH AVE UNIT 303 DEERFIELD BEACH, FL 33441

04062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1314187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEIN, STEPHEN A
900 SOUTH STATE ROAD 7
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T,S KRAMER, FRANK 5 BREEZY HILL DRIVE NORTHPORT, NY 11768	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ESPINA, FERNANDO 333 NE 19TH AVENUE # 304 DEERFIELD BEACH, FL 33441	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PLUNKETT, PAUL F 333 NE 19TH AVE, #301 DEERFIELD BCH, FL 33441	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TOM MIROSALA 333 NE 19TH AVENUE # 203 DEERFIELD BEACH, FL 33441	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRE MORGAN, BRENT 333 NE 19TH AVE, UNIT 303 DEERFIELD BEACH, FL 33441	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS KRAMER, FRANK 1537 E. HILLSBORO BLVD # 741 DEERFIELD BEACH, FL 33441	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MORGAN, BRENT 333 NE 19TH AVENUE # 303 DEERFIELD BEACH, FL 33441	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ANTHONY ROSSI 333 NE 19TH AVENUE # 205 DEERFIELD BEACH, FL 33441	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-8-08 954-426-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #