

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 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 # **N10816** (9)

1. Corporation Name

**840 RIVER'S EDGE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3000 NE 8TH TERRACE  
A-5  
OAKLAND PARK FL 33334  
US**

**3000 NE 8TH TERRACE  
A-5  
OAKLAND PARK FL 33334  
US**

3. Date Incorporated or Qualified

**08/22/1985**

4. FEI Number

**59-2611643**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. 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

**HAYDEN, JAC  
3000 NE 8TH TERRACE, B-4  
OAKLAND PARK FL 33334**

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]* **LOUISE OUELETTE**  
Signature typed or printed name of registered agent and title if applicable.

**PRES.**

(NOTE: Registered Agent signature required when reinstalling)

DATE

**01/30/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>OUELETTE, LOUISE</b>	
STREET ADDRESS	<b>3000 NE 8TH TERRACE A-5</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOUISE OUELETTE</b>	
1.3 STREET ADDRESS	<b>3000 NE 8TH TERRACE A-5</b>	
1.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIS, JACK</b>	
STREET ADDRESS	<b>3000 NE 8TH TERRACE B-4</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	

2.1 TITLE	<b>HAYDEN JAC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>3000 NE 8TH TERRACE B-4</b>	
2.3 STREET ADDRESS	<b>FT LAUDERDALE FL 33334</b>	
2.4 CITY-ST-ZIP	<b>FL 33334</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ENRIGHT, KEVIN</b>	
STREET ADDRESS	<b>3000 NE 8TH TERR, #B-1</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	

3.1 TITLE	<b>ROSE HEDWORTH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>3000 NE 8TH TERRACE A-4</b>	
3.3 STREET ADDRESS	<b>FT LAUDERDALE FL 33334</b>	
3.4 CITY-ST-ZIP	<b>FL 33334</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE:

*[Signature]* **LOUISE OUELETTE**

**PRES.**

**01/30/98**

**954-544-7749**

CR2E037 (10/97)