

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N10816

Corporation Name

840 RIVER'S EDGE ASSOCIATION, INC.

Principal Place of Business
3000 NE 8TH TERRACE A-5 OAKLAND PARK FL 33334 US

Mailing Address

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

UAF



05-08-1999 90008 030 ****61.25

2. Principal Place of Business 2a. Mailing Address			DT	•	octootage or Qualified		1	
21 3000 NE 8 Terr 26 3000 NE 8			8 1	//	08/22/1985			
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.			4. FEI Number	<u> </u>	lied For	
22 83 27 83					59-2611643		Applicable	
City & State Dakland Park			k	FZ	5. Certifcate of Status Desired \$8.75 Additional Fee Required			
Zip Country Zip Zip Cou 24 33334 25 U.S 29 33334 30			Country	 InS	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
24	9. Name and Address of Current I	T		10. Name and Address of New Registered	Agent			
	and Medicard of Services		81	Name				
HAYDEN, JAC				82 Street Address (P.O. Box Number is Not Acceptable)				
3000 NE 8TH TERRACE: B-4				83				
OAKLAND PARK FL 33334								
3,4,2,			84	City	FL	85 Zip C	ode	
11 Dunayout	to the provinces of Sections 617.0502	and 617 1508 Florida Statutes ti	he above	-named co	reporation submits this statement for the purpose of	changing its	registered	
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	men	4.0		r-1				
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	
	P	DIRECTION	1.1 TITLE	····		Change	Addition	
TITLE	•	•	1.2 NAME	j			_	
NAME	OUELETTE, LOUISE		1.3 STREET	*********				
STREET ADDRESS	3000 NE 8TH TERRACE A-5							
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-ST 2.1 TITLE	· ZIP		Change	Addition	
TITLE	D	_	2.2 NAME			(
NAME	LEVIS, JACK						ł	
STREET ADDRESS	3000 NE 8TH TERRACE B-4		2.3 STREET	1			Í	
CITY-ST-ZIP	OAKLAND PARK FL 33334		2.4 CITY-S	T-ZIP		Change	Addition	
TITLE	D	_	3.1 TITLE			(¢nange		
NAME	HEPWORTH, ROSE	li li	3.2 NAME					
STREET ADDRESS	****		3.3 STREET	ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL		3.4. CITY-S	T-ZIP		☐ Change	Addition	
TITLE	D		4.1 TITLE			[_] Change	[] Addition	
NAME	HAYDEN, JAC		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY+ST-ZIP	OAKLAND PK FL 33334		4.4 CITY-S	T-ZIP		[] Ohaasa	NEW Addition	
TITLE			5.1 TITLE	•	kalle c C :	Change	⊠ Addition	
NAME			5.2 NAME		Kettler, Cori 3000 NE 8th Terrace B	.3		
STREET ADDRESS.			5.3 STREET		South the second second			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	Oakland Park R 33:		C Addition	
TITLE		C) Dece ie	6.1 TITLE	1		Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-7IP			6.4 CITY-S	T- ZIP				

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 of the corporation of the corporati

SIGNATURE:

WEICHATURE REQUIRMES, dent

Daytime Phone #

R2E037 (11/98)