

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10816 ✓

1. Entity Name

840 River's Edge Association, Inc

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90197 050 ****61.25

Principal Place of Business

Mailing Address

3000 NE 8TH Terr.
A-1
OAKLAND PARK, FL
33334

3000 N E 8TH Terr.
A-1
OAKLAND PARK, FL
33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Brow ard

Zip

Country

B Row ard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYDEN, JAC
3000 NE 8TH Terr. B-4
OAKLAND PK, FL 33334

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.

SAME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2001

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D LAURA SHIELDS, PRESIDENT ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
3000 NE 8TH Terr B-1
OAKLAND PARK, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D TONY D'ANGELO, VICE PRES ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4532 N ANDREWS AVE
Ft Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Rose-Hepworth, Secty ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2007 NE 7TH AVE
WILSON MANORS, FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ANDREW EDDY, TREAS ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1527 SE 8TH Terr.
Deerfield Bch, FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/01

(954) 561 3661
(11) ENGLISH (115) EXT.

CR2E037 (11/00)