

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12623

1. Entity Name

RIVERSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90175 001 ****61.25

Principal Place of Business Mailing Address
C/O FLORIDA PROPERTY MANAGEMENT & SALES C/O FLORIDA PROPERTY MANAGEMENT & SALES
1750 UNIVERSITY DR., STE. 114 1750 UNIVERSITY DR., STE. 114
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
SUNDANCE PROP. MGMT SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
11510 W. SAMPLE RD. #5
City & State City & State
CORAL SPRINGS, FL.
Zip Country Zip Country
33065 US

4. FEI Number 65-0596575 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DORA, PETER D SUNDANCE PROP. MGMT. CORP.
1750 UNIVERSITY DR. 11510 W. SAMPLE RD. #5
SUITE 114 CORAL SPRINGS
CORAL SPRINGS FL 33071 City FL Zip Code 33065

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.
SIGNATURE GLENN STOUT, CEO (NOTE: Registered Agent signature required when reappointing) 4-26-00
Signature, typed or printed name of registered agent and title if applicable. DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DYEN, STANLEY 8091 W. SAMPLE RD. CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JEAN, MARIE 2926 NW 95 AVENUE CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUSI, SAMUEL 8083 W. SAMPLE RD. #4 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED 954-255-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)