

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12623

1. Entity Name

RIVERSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

SUNDANCE PROPERTY MANAGEMENT  
11510 W SAMPLE RD #5  
CORAL SPRINGS FL 33065

Mailing Address

SUNDANCE PROPERTY MANAGEMENT  
11510 W SAMPLE RD #5  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SUNDANCE PROPERTY MANAGEMENT CORP  
11510 W SAMPLE RD  
#5  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Jennings + Valancy, P.A.

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

3115 E. 13th Street

ATTN: Steven Valancy

City Fort Lauderdale

FL

Zip Code 33316

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

*Steven Valancy*

02-05-01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD  
NAME DYEN, STANLEY  
STREET ADDRESS 8091 W. SAMPLE RD.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE VPD  
NAME JEAN, MARIE  
STREET ADDRESS 2926 NW 95 AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE STD  
NAME SUSI, SAMUEL  
STREET ADDRESS 8083 W. SAMPLE RD- #4  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90349 012 \*\*\*\*61.25

815089



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)