## Jun 23, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N12623** 04-23-2002 90318 045 \*\*\*\*61.25 1. Endty Name RIVERSIDE PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address SUNDANCE PROPERTY MANAGEMENT SUNDANCE PROPERTY MANAGEMENT 11510 W SAMPLE RD #5 11510 W SAMPLE RD #5 CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0596575 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Valency Street Address (P.O. Box Number is Not Acceptable) Jennings & <del>Valàra</del>y Pà 311 S E 13TH STREET ATTN: STEVEN VALARAY City Zlp Code FORT LAUDERDALE FL 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. 04-04-02 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE (9/01) NAME DYEN, STANLEY NAME STREET ADDRES 8091 W. SAMPLE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 VPD TITLE ☐ Delete TITLE ☐ Change Addition NAME Jean, Marie NAME STREET ADDRESS 2926 NW 95 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE STD Addition me Y Change SUSI. SAMUEL NAME NAME BOOL W. SAMPLE RO. STREET ADDRESS 8083 W. SAMPLE RD- #4 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not possible 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 eccurate 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 empoyates to execute 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET AODRESS

CITY-ST-ZIP

SIGNATURE AND INVEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED