

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 031 ****61.25

DOCUMENT # N25925

1. Entity Name

RIVEREDGE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**C/O DAVE PERRY
 5073 RIVEREDGE DRIVE
 TITUSVILLE FL 32780**

**C/O DAVE PERRY
 5073 RIVEREDGE DRIVE
 TITUSVILLE FL 32780-7322**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2961378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANTONELLI, JOSEPH
 5087 RIVEREDGE DR
 TITUSVILLE FL 32780**

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTONELLI, JOSEPH	
STREET ADDRESS	5087 RIVEREDGE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, DAVID	
STREET ADDRESS	5073 RIVEREDGE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTERS, CRAIG	
STREET ADDRESS	5077 RIVEREDGE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBERG, VIKKI	
STREET ADDRESS	5089 RIVEREDGE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASTERS, LYNN	
STREET ADDRESS	5077 RIVEREDGE DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANTONELLI, KATHRYN	
STREET ADDRESS	5087 RIVEREDGE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Drew Wallaer	
STREET ADDRESS	5085 Riveredge Dr	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph Antonelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-2000

CR2E037 (9/99)