JUL. -17' 98(FRI) 09:35 CSC TALL

FILE NOW: FILING FEE IS $61.25

FILED
Aug 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

300002607058
-08/04/98--01065--023
***70.00

DOCUMENT # N40655

1. Corporation Name: NEW RIVER CENTER MAINTENACE ASSOCIATION, INC.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 11/5/90

4. FEI Number: 65-0245621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 435 N. Michigan Ave
22 Suite, Apt. #, etc.
23 City & State: Chicago, Illinois
24 Zip
25 Country

2a. Mailing Address
26 c/o AGC
27 Suite, Apt. #, etc.: 2601 S. Bayshore Dr., #900
28 City & State: Miami, Florida
29 Zip: 33133
30 Country

9. Name and Address of Current Registered Agent

C T CORPORTION
1200 S. Pine Island Rd.
Plantation, FL 33321

10. Name and Address of New Registered Agent

81 Name: Joel K. Goldman
82 Street Address (P.O. Box Number is Not Acceptable): c/o AGC
83 2601 S. Bayshore Drive - Suite 900
84 City: Miami FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 7-20-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Henderson, Rena 435 N. Michigan Avenue Chicago, Illinois	☐ DELETE X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chavez, Robert M. 200 E. Las Olas Blvd., 11 Flr. Ft. Lauderdale FL	☐ DELETE X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gramzinski, Al 435 N. Michigan Avenue Chicago, IL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kenney, Crane 435 N. Michigan Avenue Chicago IL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Quinn, John F 434 N. Michigan Avenue Chicago IL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Chappelear, John 200 East Las Olas Blvd., Suite 1450 Fort Lauderdale FL 33301	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VSD Goldman, Joel K. 2601 S. Bayshore Drive - Suite 900 Miami, Florida 33133	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Goldin, Amy H. 2601 S. Bayshore Drive - Suite 900 Miami, Florida 33133	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V Sessions, Patrick 2601 S. Bayshore Drive - Suite 900 Miami, Florida 33133	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VT Cook, Paula 2601 S. Bayshore Drive Miami, Florida 33133	☐ Change ☒ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	AS Caits, Clara 200 East Las Olas Blvd., Suite 1450 Ft. Lauderdale, Florida 33301	☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7-20-98 Daytime Phone #