


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N40655

1. Corporation Name

NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

C/O AGC
2601 S. BAYSHORE DR., #900
MIAMI FL 33133

Mailing Address

C/O AGC
2601 S. BAYSHORE DR., #900
MIAMI FL 33133



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1990

4. FEI Number

65-0245621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CHAPPELEAR, JOHN
STREET ADDRESS 200 EAST LAS OLAS BLVD., SUITE 1450
CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD ☒ DELETE
NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 900
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GOLDIN, AMY H
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 900
CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME SESSIONS, PATRICK
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 900
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VT ☒ DELETE
NAME COOK, PAULA
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME CAITS, CLARA
STREET ADDRESS 200 EAST LAS OLAS BLVD., SUITE 1450
CITY-ST-ZIP FT LAUDERDALE FL 33301

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

305-955-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)