

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90009 048 \*\*\*\*61.25

**DOCUMENT # N96000000322**

1. Entity Name

**RIVERVIEW AT GRAND HARBOR CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

4820 20TH AVE  
 VERO BEACH FL 32967  
 US

4820 20TH AVE  
 VERO BEACH FL 32967  
 US

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

65-0681023

Applied For

Not Applicable

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

HEBERLING, LYNN M  
 4820 20TH AVE.  
 VERO BEACH FL 32967

Name Lisa A. Rule  
 Street Address (P.O. Box Number is Not Acceptable)  
4820 20th Ave  
 City Verobeach FL Zip Code 32967

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

*Lisa A. Rule*

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

(NOTE: Registered Agent signature required when reinstating)

4-18-01

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 ☐ Delete  
 NAME DP  
 STREET ADDRESS TULLOCH, V C  
 CITY-ST-ZIP 4820 20TH AVE  
 VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME DVT  
 STREET ADDRESS SMITH, NORMA D  
 CITY-ST-ZIP 4820 20TH AVE  
 VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME DS  
 STREET ADDRESS SULLIVAN, J  
 CITY-ST-ZIP 4820 20TH AVE  
 VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME M  
 STREET ADDRESS BUTTS, THOMAS L  
 CITY-ST-ZIP 4820 20TH AVE  
 VERO BEACH FL 32967

TITLE ☒ Change ☐ Addition  
 NAME M  
 STREET ADDRESS Rule, Lisa A.  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Lisa A. Rule*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

(561)-778-5943

Daytime Phone #

CR2E037 (10/00)