FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90250 019 ****61.25

DOCUMENT #	N96000003914

1. Corporation Name

RIVERBREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2140 SOUTH PALMETTO #2 SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119											
2. Principal Pl	ace of Business	\vdash	lailing Address				3. Date Incorporated or Qualifed 07/24/1996				
21		26	" A 4 # "				4. FEI Number		·	aniiod For	
Suite, Apt.	#, etc.	\vdash	uite, Apt. #, etc.				65-0736122~~~		<u> </u>	Applied For lot Applicable	
22		27	22 0 04-4-				00 0100 122			Additional	
City & State	e	28	City & State				5. Certificate of Status Desired			Required	
Zip	Country	Z	ip	Count	ry		6. Election Campaign Financing			May Be	
24	25	29	30	0			Trust Fund Contribution			l to Fees	
	9. Name and Address of Curren	t Register	red Agent		. [10. Name and Address of New I	Registered A	Agent		
				8	1	Name				x_i	
	Z, FLORENTINO			8	2	Street Addr	ress (P.O. Box Number is Not Accept	able)			
	ITH PALMETTO #2 AYTONA FL 32119			8	3						
SOUTH DA	ATTOMA PE 32119			8	14	City			85 Zip	Code	
								FL	<u> </u>	4	
affina ar r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. tions of, S	ection 617.0503, Florid	nonzed b la Statute	pyτ es.	ine corporation	poration submits this statement for the on's board of directors. I hereby acce	pt trie appoi	ntment as	registered	
	Signature, typed or printed name of registered ager		<u> </u>		ent	signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ODS IN 12	
12.	OFFICERS AN	ID DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change		
TITLE	PD		☐ DELETE	1.1 TITLE	=				Change	, Madagan	
NAME	MELENDEZ, FLORENTINO			1.2 NAME	Ε						
STREET ADDRESS	2140 SOUTH PALMETTO #2			1.3 STRE	ET/	ADDRESS	•				
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			1.4 CITY-	-\$T-	-ZIP					
TITLE	VPD		☐ DELETE	2.1 TITLE	Ξ				Change	Addition	
NAME	MELENDEZ, KATHLEEN			2.2 NAMI	E						
STREET ADDRESS	2140 SOUTH PALMETTO #2			2.3 STRE	ET /	ADDRESS: -				-	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			2. 4 CITY		T-ZIP				A delition	
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NAME	MELENDEZ, DIANE			3.2 NAM	_						
STREET ADDRESS	2140 SOUTH PALMETTO #2			3.3 STRE	EΤ	ADDRESS					
CITY-ST-ZiP	SOUTH DAYTONA FL 32119			3.4. CITY	_	T-ZIP				□ 4 4484-	
TITLE			☐ DELETE	4,1 TITLE				•	Chang	e	
NAME				4, 2 NAM							
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NAME				5.2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CTTY		-ZIP				a	
TITLE			☐ DELETE	6.1 TITLE		. [Chang	e	
NAME				6.2 NAM	-	1					
STREET ADORESS				6.3 STRE	EET	ADORESS					

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 comporation 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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURI