

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003066

Entity Name: THE RIVERS BOAT BASIN PROPERTY OWNERS
ASSOCIATION, INC.**FILED**
Mar 29, 2025
Secretary of State
8216367169CC**Current Principal Place of Business:**AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904**Current Mailing Address:**AMERICAN CONDO MGMT
P.O. BOX 100399
CAPE CORAL, FL 33910 US**FEI Number: 65-0652219****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANDYKE, LYNNE
4223 DEL PRADO BLVD S
CAPE CORAL , FL 33904 US*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:** LYNNE VANDYKE**03/29/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	SHARPE, WILLIAM
Address	AMERICAN CONDO MGMT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	SECRETARY, TREASURER
Name	ERB, JAMES
Address	AMERICAN CONDO MGMT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	PRESIDENT
Name	KELLER, CHRIS
Address	AMERICAN CONDO MGMT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	DIRECTOR
Name	PAWLAK, RAYMOND
Address	AMERICAN CONDO MGMT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	DIRECTOR
Name	SWEENEY, JAMES
Address	AMERICAN CONDO MGMT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS KELLER**PRESIDENT****03/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date