

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # 706361 (3)
1. Corporation Name
RIVERSIDE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
25 VAN ROAD JUPITER FL 33469

3. Date Incorporated or Qualified **11/01/1963** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-6200172	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DORE, VIOLA 1611 BERKSHIRE AVE. JUPITER FL 33469				81	Name COLLISTER, DONALD		
				82	Street Address (P.O. Box Number is Not Acceptable) 1504 TREMONT AVE.		
				83			
				84	City JUPITER	FL	85 33469

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 *Donald H. Collister* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAC ARTHUR, ADELE			1.2 NAME	RUDOLPH, MARY		
STREET ADDRESS	20 E BEVERLY RD			1.3 STREET ADDRESS	10 W. VAN RD.		
CITY-ST-ZIP	JUPITER FL			1.4 CITY-ST-ZIP	JUPITER, FL. 33469		
TITLE	TDHE	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, ALICE			2.2 NAME	DONALD COLLISTER		
STREET ADDRESS	363 FRANKLIN RD			2.3 STREET ADDRESS	1504 TREMONT AVE.		
CITY-ST-ZIP	TEQUESTA, FL 33469 FL			2.4 CITY-ST-ZIP	JUPITER, FL. 33469		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMYKA, PETER			3.2 NAME	ANN SMITH		
STREET ADDRESS	1506 VENUS AVE			3.3 STREET ADDRESS	125 WINDSOR RD E		
CITY-ST-ZIP	JUPITER FL			3.4 CITY-ST-ZIP	JUPITER, FL 33469		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DORE, VIOLA			4.2 NAME	IRIS TURRALL		
STREET ADDRESS	1611 BERKSHIRE			4.3 STREET ADDRESS	1611 VENUS AV		
CITY-ST-ZIP	JUPITER FL			4.4 CITY-ST-ZIP	JUPITER, FL 33469		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, IRA			5.2 NAME			
STREET ADDRESS	118 E VAN ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLISTER, DONALD			6.2 NAME			
STREET ADDRESS	1504 TREMONT AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Donald H. Collister* 3/18/96 1-407-575-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
56-41-696

CR2E037 (12/95)