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**Feb 18 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 706361 (3)
1. Corporation Name

RIVERSIDE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
25 VAN ROAD JUPITER FL 33469	25 VAN ROAD JUPITER FL 33469-3125

3. Date Incorporated or Qualified 11/01/1963	3a. Date of Last Report 04/05/1996
4. FEI Number 59-6200172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**COLLISTER, DONALD
1504 TREMONT AVE
JUPITER FL 33469**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	RUDOLPH, MARY	
STREET ADDRESS	10 W VAN RD	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COLLISTER, DONALD	
STREET ADDRESS	1504 TREMONT AVE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMYKA, PETER	
STREET ADDRESS	1506 VENUS AVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ANN	
STREET ADDRESS	125 WINDSOR RD E	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, IRA	
STREET ADDRESS	118 E VAN RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURRALL, IRIS	
STREET ADDRESS	1611 VENUS AVE	
CITY-ST-ZIP	JUPITER FL 33469	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T NANCY MAGUIRE
4.3 STREET ADDRESS	105 Van Rd
4.4 CITY-ST-ZIP	Jupiter, FL 33469
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S. ANN SPRINGTHORPE
5.3 STREET ADDRESS	141 Riverside Drive Apt 24
5.4 CITY-ST-ZIP	Jupiter, FL 33469
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Donald B. Collister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-
1-14-97 575-7928
Date Daytime Phone # 0044306

CFR2037 (9/96)