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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:12

DOCUMENT # 707298 (6)

1. Corporation Name
RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 8122 PORT LUCIE FL 34985	P. O. BOX 8122 PORT LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1964
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-6146941 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PORTER, DONALD J.
409 TRANQUILA AVENUE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PRIMERANO, LAVINA	1.2 NAME	
STREET ADDRESS	323 HOLLY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	LINDSEY, MARETHA	2.2 NAME	S JEAN BURNHAM
STREET ADDRESS	306 OLIVE AVE.	2.3 STREET ADDRESS	321 HOLLY AVE.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	NINESTINE, DANNY	3.2 NAME	D BOBBIE DEEMER
STREET ADDRESS	191 SE SOLAZ AVE.	3.3 STREET ADDRESS	151 NE NARANJA AVE.
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VINCLER, LOU	4.2 NAME	
STREET ADDRESS	204 NE BEACH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, DONALD J.	5.2 NAME	
STREET ADDRESS	409 TRANQUILA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	NELSON, GLEN	6.2 NAME	D BILL SALLS
STREET ADDRESS	100 S.E. SERENATA CT.	6.3 STREET ADDRESS	241 NE AIROSO BLVD.
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983

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)(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 J. Porter, DONALD J. PORTER, JAN. 27, 1995, 407-878-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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