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

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

3. Date Incorporated or Qualified: 05/15/1964
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: David W. Melnick
82 Street Address (P.O. Box Number is Not Acceptable): 120 Estia Lane
83:
84 City: Port Saint Lucie FL 85 Zip Code: 34983

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: D.W. Melnick Dave W. Melnick, Treasure 5-30-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURNHAM, JEAN		2.2 NAME		
STREET ADDRESS	321 HOLLY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEEMER, BOBBIE		3.2 NAME		
STREET ADDRESS	151 N. NARANJA AVENUE		3.3 STREET ADDRESS	200001864012	
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	-06/17/96--01050--036	
TITLE	D	☐ DELETE	4.1 TITLE	***61.25	☐ 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	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	PORTER, DONALD J.		5.2 NAME	David W. Melnick	
STREET ADDRESS	409 TRANQUILA AVENUE		5.3 STREET ADDRESS	120 Estia Ln.	
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP	Pt. St. Lucie, Fl. 34983	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SALLS, BILL		6.2 NAME		
STREET ADDRESS	241 NE AIROSO BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	05-01-96 OR	

CR2E037 (12/95)

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: D.W. Melnick David W. Melnick 4-16-96 (407) 595-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #