FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

707298

(6)

 Corporation 	n Name	\ - /			
RIVER	PARK HOMEOWNERS ASSO	OCIATION, INC.			
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		<u>idati dishto karan donas dibati dakat dinan idabi</u>
P. O. BOX 8122 PORT LUCIE FL 34985 PORT LUCIE FL 34985-8122					
				3. Date Incorporated or Qualified 05/15/1964	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-6146941	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 · · · Zip	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	├ ─ ┐	30	This corporation has liability for it Florida Statutes	ntangipie tax under s. 199.032, Yes No
	9. Name and Address of Current			10. Name and Address of New Re	
MELNICK, DAVID W 120 ESTIA LANE PORT ST. LUCIE FL 34983 84				RMA E. STRICK Idress (P.O. Box Number is Not Acceptable) 3 S.E. AIROSO	LAND 3LVD, FL 85 Zip Code 8 3
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 State of Florida Statutes STRICKLAND APRIL 14 / 1997					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
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 TITLE	PORT ST. LUCIE FL S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BURNHAM, JEAN	□ veteric	2.2 NAME		C avenue C vectors
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		ļ
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4. CITY-ST-ZIP		Change Addition
TITLE	D LOU	DELETE	4.1 TITLE	VP	Į.
NAME	VINCLER, LOU 204 NE BEACH AVE.		4. 2 NAME	STEVEN PHILLIPPE	2/1/5
STREET ADDRESS	PORT ST. LUCIE FL		4.3 STREET ADDRESS	745 S.E. AIROSO I	34983
CITY-ST-ZIP TITLE	T	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	TORI SI, LUCIE, FL	(2) Addition
NAME	MELNICK, DAVID W	Meeric	5.2 NAME	NORMA E. STRICK	• \
STREET ADORESS	120 ESTIA LANE		5.3 STREET ADDRESS	763 S.E. AIROSO	BI VD.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		5.4 CITY-ST-ZIP	PORT 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-SY-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. REDUCEMA E. STRICKLAND 561-340-0333 SIGNATURE:

FILED

Apr 24 1997 8:00am

Secretary of State