FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90039 039 ****61.25

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DOCUMENT # 707298

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

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

3. Date Incorporated or Qualifed: 05/15/1964

4. FEI Number: 59-6146941 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STRICKLAND, NORMA E.
763 SE. AIROSO BLVD
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 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 _____ 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	D	☒ DELETE	1.1 TITLE	PRESIDENT + DIRECTOR	☒ Change ☐ Addition
NAME	PRIMERANO, LAVINA		1.2 NAME	MAE ROCHE	
STREET ADDRESS	323 HOLLY AVE.		1.3 STREET ADDRESS	181 S.E. LUCERO DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DOTTIE		2.2 NAME		
STREET ADDRESS	123 SONETO COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		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		
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4. CITY-ST-ZIP		
TITLE	FVPD	☒ DELETE	4.1 TITLE	~~JACK~~ FVP + DIRECTOR	☒ Change ☐ Addition
NAME	ROCHE, MAE		4. 2 NAME	JACK R. JOHNSON	
STREET ADDRESS	181 S.E. LUCERO DRIVE		4.3 STREET ADDRESS	123 SONETO COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34883		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	D TREASURER	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, NORMA E.		5.2 NAME		
STREET ADDRESS	763 SE AIROSO BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP		
TITLE	SVPD	☒ DELETE	6.1 TITLE	SVP + DIRECTOR	☒ Change ☐ Addition
NAME	JOHNSON, JACK R.		6.2 NAME	WILLIAM P. FOLEY	
STREET ADDRESS	123 SONETO COURT		6.3 STREET ADDRESS	336 S.E. TRANQUILLA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		6.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: NORMA E. STRICKLAND Norma E. Strickland April 13, 1999 561-340-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #