FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:02

DOCUMENT # 710362 (5)

1. Corporation Name

RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
33076 CEDONIA ROAD DADE CITY FL 33525	33076 CEDONIA ROAD DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1966
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2364162 ☐ 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
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

9. Name and Address of Current Registered Agent

RICHTERS, MARGARET E
33076 CEDONIA ROAD
DADE CITY FL 33525

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	V	11 TITLE	☐ Change ☐ Addition
NAME	MESSER, RICK	12 NAME	
STREET ADDRESS	33160 PATRICE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, MARIANNE	22 NAME	
STREET ADDRESS	33107 MULBERRY RD.	23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KIPKER, GERTRUDE	32 NAME	
STREET ADDRESS	3488 RIVERDALE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM	42 NAME	
STREET ADDRESS	33138 CEDLEY RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	RICHTERS, MARGARET	52 NAME	
STREET ADDRESS	33076 CEDONIA RD	53 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BECKER, GEORGE	62 NAME	
STREET ADDRESS	33142 HICKORY RD.	63 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	64 CITY-ST-ZIP	

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: MARGARET E. RICHTERS Margaret E. Richters 3/20/95 904-583-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0062178