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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33523-9205

3. Date Incorporated or Qualified: 02/15/1966
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business	2a. Mailing Address
21 33132 HICKORY ROAD	26 33132 HICKORY ROAD
Suite, Apt #, etc. 22 DADE CITY	Suite, Apt. #, etc. 27
City & State 23 DADE CITY, FL.	City & State 28 DADE CITY, FL
Zip / Country 24 33523-9211 / 25 HERNANDO	Zip / Country 29 33523-9211 / 30 HERNANDO

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

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

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: ANN M. LANDEL
82 Street Address (P.O. Box Number Is Not Acceptable): 33132 HICKORY ROAD
83: DADE CITY, FL.
84 City: DADE CITY FL 85 Zip Code: 33523-9211

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: ANN M. LANDEL Ann M Landel Sec/Treas. DATE: 2/25/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MESSER, RICK		1.2 NAME		
STREET ADDRESS	33160 PATRICE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BROWN, MARIANNE		2.2 NAME	BOOTH, MARIANNE	
STREET ADDRESS	33107 MULBERRY RD.		2.3 STREET ADDRESS	33107 MULBERRY ROAD	
CITY-ST-ZIP	DADE CITY, FL 00000		2.4 CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIPKER, GERTRUDE		3.2 NAME		
STREET ADDRESS	3488 RIVERDALE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, WILLIAM		4.2 NAME		
STREET ADDRESS	33138 CEDLEY RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		4.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	5.1 TITLE	ST	☐ Change ☒ Addition
NAME	RICHTERS, MARGARET		5.2 NAME	ANN M. LANDEL	
STREET ADDRESS	33076 CEDONIA RD		5.3 STREET ADDRESS	33132 HICKORY ROAD	
CITY-ST-ZIP	DADE CITY, FL 00000		5.4 CITY-ST-ZIP	DADE CITY, FL 33523-9211	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LANDEL, LAURN		6.2 NAME		
STREET ADDRESS	33132 HICKORY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Ann M Landel RE: ANN M. LANDEL - Sec/Treas. 2/25/97 352-583-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045568