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

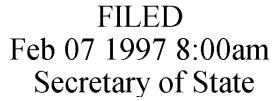
DOCUMENT #

(1)

RIVER ISLES GOLF ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address





| HISTORY TO BRADENTON | | 159 RIVER ISLES Bradenton FL 34208-9008 | | | | |
|--|---|---|---|--|--|--|
| | | | | | 3. Date Incorporated or Qualified 12/03/1975 | 3a. Date of Last Report 04/10/1996 |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 3917 RIVERWALK CT. 26 | | | | | 59-1665094 | Not Applicable |
| Suite, Apt #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| 0.1, 0.010 | ALC. | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| | 208 | 28 | T | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 1 | 8. This corporation has liability for i | |
| 24 | 25 9. Name and Address of Curre | 29 Post Registered Agent | 30 | | Florida Statutes 10. Name and Address of New Re | Yes No |
| | S. Harris Mile Medicas of Contr | one magnetaled Agent | B1 | Name | ID. Name and Address of New Ne | hateren viðant |
| HOWE | II ANN I | | | | | |
| HOWELL, ANN L 2520 MANATEE AVE., E. | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | ENTON FL 34208 | | 83 | | | |
| DIVIDE | 311011 1 2 01200 | | | | | ······································ |
| | | | 84 | City | | FL 85 Zip Code |
| 11. Pursuan office or agent. I | t to the provisions of Sections 617.05 registered agent, or both, in the Star am familiar with, and accept the obli | 602 and 617.1508, Florida Statu te of Florida. Such change was gations of, Section 617.0503, Fl | tes, the abov authorized b lorida Statute | e-named o y the corpo s. | corporation submits this statement for the p oration's board of directors. I hereby accep | urpose of changing its registered the appointment as registered |
| SIGNATURE | Signature Typed or printed name of registered a | 400 | TE B | | | |
| 12. | | OPERATOR OF THE PROPERTY OF T | 13. | ent signature r | equired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TOTLE | | 7,0011101107070171110101110 | Change Addition |
| NAME | POPPELE, ARTHUR | | 1.2 NAME | | | |
| STREET ADDRESS | 1326 OAKLEAF BLVD | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 39 | 208 | 1.4 CITY-5 | ST-ZIP | | |
| TITLE | D | DELETE | 2.1 TITLE | | DIRECTOR | Change Addition |
| NAME | ELLIOT, SYLVIA | | 2.2 NAME | | HAYES, MARGARET 4208 NEIL LANE BRADENTON, FI | ~ |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | 4208 NEIL LANF | |
| CITY - ST - ZIP | BRADENTON FL | | 2. 4 CITY- | ST-ZIP | BRADENTON, FI | 34208 |
| TITLE | TDACEY ICCEDI | ☐ DELETE | 3.1 TITLE | | | Change Addition |
| NAME DARREST ADDRESS | TRACEY, JOSEPH 3807 JOYCE DR | | 3.2 NAME | LIDADERA | | |
| STREET ADDRESS CITY-ST-ZIP | | 208 | 3.3 STREET | | | |
| TITLE | V | DELETE | 3.4. CITY- 4.1 TITLE | | 10t VP | Change Addition |
| NAME | SANDERS, LLOYD | ******* | 4. 2 NAME | • | BROWN JAMES | A semilla I'm variation |
| STREET ADDRESS | ADDE OF THE PERSON OF | | | ADDRESS | BROWN, JAMES 3810 JOYCE DR. | |
| CITY-ST-ZIP | BRADENTON FL | _ | 4.4 CITY-S | ST-ZIP | BRADENTON FL. | 4208 |
| TITLE | S | DELETE | 5.1 TITLE | | BRADENTON FL 3 SECRETARY | Change |
| NAME | FRALEY, LANETA | | 5.2 NAME | | KING, MARY | - 1 |
| STREET ADDRESS | | | 5.3 STREET | ADORESS | KING, MARY 4404 LAKEWOOD ! BRADENTON, FA | AVE _ |
| CITY-ST-ZIP | BRADENTON FL | | 5.4 CITY - 5 | ST-ZIP | BRADENTON, FA | 34208 |
| TITLE | T LINE THE LANGE | DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | WEEKS, WILMOT | | 6.2 NAME | | | |
| STREET ADDRESS | | 1200 | 6.3 STREET | 1 | | |
| CITY - ST - ZIP | BRADENTON FL 34 | 1208 | 6.4 CITY - 5 | ST-ZIP | | |

14. I do hereby certify that the information supplied with his 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:

| 13/97 (94) 747-4566|