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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734801

1. Corporation Name

RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

2424 N ESSEX AVE
HERNANDO FL 32642
US

Mailing Address

2424 N ESSEX AVE
HERNANDO FL 32642
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		-75-2236923	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

COX, ALVAH L JR
2424 N ESSEX
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEEVES, ROBERT	1.2 NAME	
STREET ADDRESS	4795 S WOODW AY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUDTE, JAMES	2.2 NAME	MICHAEL MOORE
STREET ADDRESS	4939 S DEEPWATER PT	2.3 STREET ADDRESS	11905 W. RIVERHAVEN DR.
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENTWORTH, PETER	3.2 NAME	KEVIN TRAVIS
STREET ADDRESS	11810 W. WATERWAY DR	3.3 STREET ADDRESS	4821 S. WOODWAY
CITY-ST-ZIP	HOMOSASSA FL 34448	3.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAATZ, PATTY	4.2 NAME	DON PIKE
STREET ADDRESS	5266 S STETSON PT DROVE	4.3 STREET ADDRESS	11621 W. RIVERHAVEN DR.
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMER, MARGARET	5.2 NAME	CHUCK IGOV
STREET ADDRESS	5109 RUNNING BROOK DR	5.3 STREET ADDRESS	5024 S. PRICES PT.
CITY-ST-ZIP	HOMOSASSA FL 34448	5.4 CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONEMAN, JIM	6.2 NAME	ROBERT DODD
STREET ADDRESS	5264 S SPYGLASS PT	6.3 STREET ADDRESS	4845 S. PRICES PT.
CITY-ST-ZIP	HOMOSASSA FL 34448	6.4 CITY-ST-ZIP	HOMOSASSA FL 34448

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: *Margaret Whitmer* Treas. X 3/23/99 352-6281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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