FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # 740226 (6)

1. Corporation Name

RIVER LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
760 S BREVARD AVE #100 COCOA BEACH FL 32931-2554 US	760 S BREVARD AVE #100 COCOA BEACH FL 32931-2554 US

3. Date Incorporated or Qualified: 09/23/1977	3a. Date of Last Report: 05/01/1995
4. FEI Number: 62-1027886	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROGAN, EDWARD G.
760 S BREVARD AVE #415
COCOA BCH FL 32931

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	P	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BROGAN, EDWARD G		1.2 NAME	BROGAN EDWARD G	
STREET ADDRESS	760 S. BREVARD AV		1.3 STREET ADDRESS	760 S. BREVARD AVE # 415	
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	HOFSTETTER, ELLA		2.2 NAME	JACQULINE CLARK	
STREET ADDRESS	720 S. BREVARD AVE., #318		2.3 STREET ADDRESS	720 S. BREVARD AVE #41B	
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	MILLER, CHARLETT		3.2 NAME	MILLER CHARLOTTE M	
STREET ADDRESS	760 S BREVARD AV		3.3 STREET ADDRESS	760 S BREVARD AVE # 418	
CITY-ST-ZIP	COCOA BEACH FL		3.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	GORDON, ENGLAND		4.2 NAME	RICHARD GIVEN	
STREET ADDRESS	760 S. BREVARD AVE. #421		4.3 STREET ADDRESS	420 W. COCOA BEACH CSWY	
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HANSON, C		5.2 NAME	HANSON CHIP	
STREET ADDRESS	760 S. BREVARD AVE		5.3 STREET ADDRESS	760 S. BREVARD AVE #411	
CITY-ST-ZIP	COCOA BEACH FL		5.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	SCHUERGER, DEBRA		6.2 NAME	RICHARD HERMAN	
STREET ADDRESS	760 S. BREVARD AVE., #416		6.3 STREET ADDRESS	720 S. BREVARD AVE # 216	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	COCOA BEACH FL 32931	

CR2E037 (12/95)

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)(k), 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: Charlotte M Miller 4/29/96 407-784-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #