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03-11-1999 90255 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740226**

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

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)

3. Date Incorporated or Qualifed: 09/23/1977

4. FEI Number: 62-1027886 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	V	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOE, CLIFFORD		1.2 NAME		
STREET ADDRESS	800 SO BREVARD AVE. STE 219		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JACQULINE		2.2 NAME		
STREET ADDRESS	112 LA RIVIERE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CHARLOTTE		3.2 NAME		
STREET ADDRESS	760 SO BREVARD AVE. STE 418		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HEPP, LUCINDA		4. 2 NAME	HEPP LUCINDA	
STREET ADDRESS	800 SO BREVARD AVE. STE 222		4.3 STREET ADDRESS	800 S BREVARD AVE STE 222	
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARPIN, WILLIAM		5.2 NAME		
STREET ADDRESS	720 SO BREVARD AVE. STE 413		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HERMAN, RICHARD		6.2 NAME	HERMAN, RICHARD	
STREET ADDRESS	800 S BREVARD AVE STE 215		6.3 STREET ADDRESS	800 S BREVARD AVE STE 215	
CITY-ST-ZIP	COCOA BEACH FL 32931		6.4 CITY-ST-ZIP	COCOA BEACH FL 32931	

CR2E037 (11/98)

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: Charles SIGNATURE REQUIRED 3-12-99 407-784-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #