FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742683** **(6)**

1. Corporation Name
RIVERVIEW CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3210 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935	3210 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1978
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1915132 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BAILLIE HELEN
3210 N HARBOR CITY BLVD. UNIT 315
MELBOURNE FL 32935

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D	☒ Change ☒ Addition
NAME	&	1.2 NAME	EDWARD HINES	
STREET ADDRESS	3210 N. HARBOR CITY BLVD., UNIT 315 DELETE	1.3 STREET ADDRESS	3210 N. HARBOR CITY BLVD, UNIT 314	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	GOODSELL, BARBARA	2.2 NAME		
STREET ADDRESS	3210 N. HARBOR CITY BLVD. 110	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DEVOE, NATALIE	3.2 NAME		
STREET ADDRESS	3210 N. HARBOR CITY BLVD. 314	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	D-VP	4.1 TITLE	D-VP	☒ Change ☐ Addition
NAME	KRAMER, FRANCIS (BILL)	4.2 NAME		
STREET ADDRESS	3210 N. HARBOR CITY BLVD. 310	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CHARTIER, HAROLD	5.2 NAME		
STREET ADDRESS	3210 N. HARBOR CITY BLVD. 321	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D JOHN HEUER	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	LYRENS, WILLIAM	6.2 NAME	HEUER, JOHN	
STREET ADDRESS	3210 N HARBOR CITY BLVD 303	6.3 STREET ADDRESS	3210 N HARBOR CITY BLVD. # 303	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	MELBOURNE, FL	

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)(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: HAROLD R CHARTIER Harold R Chartier 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004710