

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743199 (2)

1. Corporation Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 510462 MELBOURNE BEACH FL 32951		Mailing Address P O BOX 510462 MELBOURNE BEACH FL 32951	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		25	
29		30	
3. Date Incorporated or Qualified 06/09/1978		3a. Date of Last Report 05/01/1994	
4. FBI Number 59-2381003		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			

9. Name and Address of Current Registered Agent CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BEACH FL 32951		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
---	--	--	--

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 JOHN CRISCIONE DATE 4/2/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KLEIN, RONALD STREET ADDRESS 2285 SEA HORSE DRIVE CITY-ST-ZIP MELBOURNE BEACH FL 32951	TITLE D NAME BURSEY, RALPH STREET ADDRESS 337 POMPANO DR CITY-ST-ZIP MELBOURNE BEACH, FL 32951	☐ Change ☒ Addition	
TITLE TD NAME CRISCIONE, JOHN STREET ADDRESS 2300 S RIVER RD CITY-ST-ZIP MELBOURNE BCH FL 32951	TITLE D NAME BORDELON, JUNE STREET ADDRESS 320 AMBERJACK PL CITY-ST-ZIP MELBOURNE BEACH, FL 32951	☐ Change ☒ Addition	
TITLE PD NAME NABERHAUS, ROBERT STREET ADDRESS 350 AMBERJACK PL CITY-ST-ZIP MELBOURNE BCH FL 32951	TITLE D NAME MARTINELLO, LORETTO STREET ADDRESS 2220 S RIVER RD. CITY-ST-ZIP MELBOURNE BCH FL 32951	☐ Change ☐ Addition	
TITLE SO NAME SKOVAN, MARGE STREET ADDRESS 2285 SEA HORSE DR CITY-ST-ZIP MELBOURNE BCH FL 32951	TITLE D NAME STWALLEY, H J (JIM) STREET ADDRESS 2360 S RIVER RD CITY-ST-ZIP MELBOURNE BCH FL 32951	☐ Change ☐ Addition	
RESIGNED		☐ Change ☐ Addition	

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 118.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN CRISCIONE DATE 4/2/95 (407) 242-5412
(NOTE: Registered Agent signature required when reinstating)