

**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

DOCUMENT # **743199** (2)

1. Corporation Name  
**RIVERS EDGE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business: P O BOX 510462 MELBOURNE BEACH FL 32951  
Mailing Address: P O BOX 510462 MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified: **06/09/1978**  
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2381003**  
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

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 (81-85) fields for Name, Street Address, City, and 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: *John Criscione* **JOHN CRISCIONE** DATE: **2/4/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, RONALD	
STREET ADDRESS	2265 SEA HORSE DRIVE	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRISCIONE, JOHN	
STREET ADDRESS	2300 S RIVER RD	
CITY - ST - ZIP	MELBOURNE BCH FL 32951	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NABERHAUS, ROBERT	
STREET ADDRESS	350 AMBERJACK PL	
CITY - ST - ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURSEY, RALPH	
STREET ADDRESS	337 POMPANO DR	
CITY - ST - ZIP	MELBOURNE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINELLO, LORETTO	
STREET ADDRESS	2220 S RIVER RD.	
CITY - ST - ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STWALLEY, H J (JIM)	
STREET ADDRESS	2360 S RIVER RD	
CITY - ST - ZIP	MELBOURNE BCH FL 32951	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: *John Criscione* **JOHN CRISCIONE** DATE: **2/4/96** DAYTIME PHONE #: **(407) 242-5412**

CR2E037 (12/95)