

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
P O BOX 510462 MELBOURNE BEACH FL 32951 P O BOX 510462 MELBOURNE BEACH FL 32951-0462

3. Date Incorporated or Qualified 06/09/1978 3a. Date of Last Report 02/08/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2381003	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	<input type="checkbox"/>	
23	23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country	<input type="checkbox"/>	
24	24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRISCIONE, JOHN
2300 S RIVER RD
MELBOURNE BEACH FL 32951

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *John Criscione* JOHN CRISCIONE DATE: 1/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, RONALD	1.2 NAME	
STREET ADDRESS	2285 SEA HORSE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCIONE, JOHN	2.2 NAME	
STREET ADDRESS	2300 S RIVER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABERHAUS, ROBERT	3.2 NAME	
STREET ADDRESS	350 AMBERJACK PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSEY, RALPH	4.2 NAME	
STREET ADDRESS	337 POMPANO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINELLO, LORETTO	5.2 NAME	
STREET ADDRESS	2220 S RIVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STWALLEY, H J (JIM)	6.2 NAME	
STREET ADDRESS	2360 S RIVER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *John Criscione* JOHN CRISCIONE DATE: 1/16/97 (407) 724-3202

CR2E037 (9/96)