

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/09/1978		
4. FEI Number 59-2381003	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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 checked="" 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

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SOMERS, JO	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAUKSHUS, TERRY	
4.3 STREET ADDRESS	2230 S. RIVER RD	
4.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NOBLE, SUE	
5.3 STREET ADDRESS	330 MARLIN DR PLACE	
5.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED** *John Criscione* 1/18/98 (407) 724-3202

CR2E037 (10/97)