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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 743199 1. Corporation Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

P O BOX 510462

MELBOURNE BEACH FL 32951

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90040 030 ****61.25

3. Date incorporated or Qualifed

06/09/1978

59-2381003

4. FEI Number

See Required Fee	22		_ 27								¢0.75 .	1.4947
Zip Country Zip Country Zip Country S. Electromagnic principle S. 50.00 May Be Added to Fees S. 128 Zip Zip Z	-	e	28	City & State				5. Certifcate of St	atus Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 23.00 S RIVER RD MELBOURNE BEACH FL 32951 12. Dursuant to the provisions of Sections 617,0502 and 617,1508, Fortial Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and accept the obligations of Socion 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and accept the obligations of Socion 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered gapet, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gapet, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered; office or registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered; office or registered agent, and the statement for the purpose of changing its registered; office or registered agent. 10. Name 10. Delete	Zip	Country	20	Zip		ountry					•	• 1
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CRISCIONE; JOHN 2300 S RIVER RD MELBOURNE BEACH FL 32951 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 obligations of Section 5 (3500 ABBERT 10502, Florida Statutes). SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. SMERS JO 16. SMERS JO 17. ST.2P MELBOURNE BEACH FL 32951 16. Change 17. ST.2P MELBOURNE BEACH FL 32951 17. ST.2P MELBOURNE BEACH FL 32951 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Addition		9. Name and Address of Curr	ent Regi	stered Agent				10. Name and Add	dress of New Ro	gistered	Agent	
2300 S RIVER RD MELBOURNE BEACH FL 32951 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the objections of Section 17,5093, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am mailing with, and except the obligations of Section 17,5093, Florida Statutes. 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 of office or registered agent, or both, in the State of Florida, Such change as authorized by the corporation's board of directors. I hereby accept the uppose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits this statement for the purpose of changing its registered corporation submits as the ment for the purpose of changing its registered corporation submits as tatement for the purpose of changing its registered corporation						81	Name					
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IT. Pursuant to the provisions of Sections 517 (502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ortice 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, 1 and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, speed or printed name of registered agent and this 2 applicable. (POTE: Registered Agent signature required when refutation) DATE	INCLEDOO!					84	City	<u></u>			85 Zip C	ode
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14. Thereby certify that the information supplies with this limit good is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby	tie in a ser les masters aussiliand	with this	filing does not qu	alify for the	exemp	ion stated in	Section 119.07(3)(i), F	Iorida Statutes.	further ce	rtify that the in	nformation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regal effect as it made dides local, that it and 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 attachmost with an address, with all other like empowered.

SIGNATURE

Applied For

Not Applicable