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Apr 28 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 # 743983 (9)
1. Corporation Name
RIVERLAND WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 2440 WOODSIDE DRIVE FT. LAUDERDALE FL 33312
Mailing Address: 2440 WOODSIDE DRIVE FT. LAUDERDALE FL 33312-4717

3. Date Incorporated or Qualified: 08/18/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-1872767
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
HILTON, MARY D.
2421 WOODSIDE DR.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent (81-85)

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 | | DELETED |
|----------------------------|---------------------|-------------------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | KAPLAN, EDITH | |
| STREET ADDRESS | 2440 WOODSIDE DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> |
| NAME | LABRIOLA, LOU | |
| STREET ADDRESS | 2521 WOODSIDE DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | TD | <input type="checkbox"/> |
| NAME | ZINGONE, TRISH | |
| STREET ADDRESS | 2600 WOODSIDE DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> |
| NAME | HILTON, MARY | |
| STREET ADDRESS | 2421 WOODSIDE DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> |
| NAME | CADENAS, JOSE | |
| STREET ADDRESS | 2501 WOODSIDE DRIVE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|-------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | DIRECTOR/VP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | CAROL SCHROEDER | | |
| 1.3 STREET ADDRESS | 2440 WOODSIDE DR. | | |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE FL. 33312 | | |
| 2.1 TITLE | VP/DIRECTOR | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | FRED BURESH | | |
| 2.3 STREET ADDRESS | 2570 WOODSIDE DR. | | |
| 2.4 CITY-ST-ZIP | FT. LAUDERDALE FL. 33312 | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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: *Mary D. Hilton* 4/9/97 954-581-0551

CRE037 (9/96)