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Apr 17 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 # 749515 (3)

1. Corporation Name
PLANTATION RIVERWOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
1915 NE RICOU TERRACE 1915 NE RICOU TERRACE
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-4130

3. Date Incorporated or Qualified 10/25/1979 3a. Date of Last Report 03/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2021422	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELFI COLLINS 1915 NE RICOU TERRACE JENSEN BEACH FL 34957		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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: *Elfi Collins* ELFI COLLINS 03/05/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUGHTON, ANNE	1.2 NAME	KOPF, FREDERICK
STREET ADDRESS	RTE.1 BOX 245A	1.3 STREET ADDRESS	222 NE EDGEWATER DRIVE
CITY-ST-ZIP	GAY HEAD MA	1.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATTWOOD, FRED	2.2 NAME	DEWHIRST, ROBERT
STREET ADDRESS	10176 FORD ROAD	2.3 STREET ADDRESS	249 NE EDGEWATER DRIVE
CITY-ST-ZIP	PERRYSBURG OH	2.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODEWIG, LOREN	3.2 NAME	COPEL, NORVAL
STREET ADDRESS	BOX 1002	3.3 STREET ADDRESS	300 NE EDGEWATER DRIVE
CITY-ST-ZIP	EASTHAM MA	3.4 CITY-ST-ZIP	STUART, FL 34996
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, DONALD	4.2 NAME	
STREET ADDRESS	248 NE EDGEWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	5.1 TITLE	ATD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT, FRANK	5.2 NAME	
STREET ADDRESS	217 NE EDGEWATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBEY, KATHRYN	6.2 NAME	
STREET ADDRESS	253 NE EDGEWATER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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: *Norval Coppel* NORVAL COPPEL, VP 03/05/97 561-334-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071184

CR2E037 (9/96)