


FILE NOW: FILING FEE IS \$61.25

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Apr 29 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 # 749515 (3)

1. Corporation Name
PLANTATION RIVERWOOD ASSOCIATION, INC.

Principal Place of Business 1915 NE RICOU TERRACE JENSEN BEACH FL 34957	Mailing Address 1915 NE RICOU TERRACE JENSEN BEACH FL 34957
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3. Date Incorporated or Qualified 10/25/1979	
4. FEI Number 59-2021422	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	

9. Name and Address of Current Registered Agent

**ELFI COLLINS
 1915 NE RICOU TERRACE
 JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

81 Name ITM KAZMIER
82 Street Address (P.O. Box Number is Not Acceptable) 662 NE OCEAN BLVD
83
84 City STUART, FL
85 Zip Code FL 34992

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 of 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: *[Signature]* DATE: **4/14/98**

Signature, typed or printed name of registered agent and this is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUGHTON, ANNE	1.2 NAME	ELFI COLLINS
STREET ADDRESS	RTE.1 BOX 245A	1.3 STREET ADDRESS	1915 NE RICOU TERR.
CITY-ST-ZIP	GAY HEAD MA	1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPF, FREDERICK	2.2 NAME	
STREET ADDRESS	222 NE EDGEWATER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWHIRST, ROBERT	3.2 NAME	
STREET ADDRESS	249 NE EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input 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	ATD <input type="checkbox"/> DELETE	5.1 TITLE	<input 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input 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 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: *[Signature]* DATE: **3/4/98** **561-334-2405**

CR2E037 (10/97)