

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751466 (4)

1. Corporation Name  
**THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTI N COUNTY, INC.**



Principal Place of Business: 222 U.S. HIGHWAY 1 STE 211 TEQUESTA FL 33469  
Mailing Address: %BRISTOL MANAGEMENT SERVICES, INC. 103 S. US #1 SUITE F5-135 JUPITER FL 33477 US

3. Date Incorporated or Qualified: 03/10/1980  
3a. Date of Last Report: 04/12/1995  
4. FEI Number: 65-0012585  
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

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

9. Name and Address of Current Registered Agent  
**INGLIS, STEVE  
103 S US HWY 1, #FS-135  
JUPITER FL 33477**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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	DV	<input checked="" type="checkbox"/> DELETE
NAME	<del>MOLTER, JAMES</del>	
STREET ADDRESS	18751 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	<del>ADAMEK, DENNIS</del>	
STREET ADDRESS	18430 SE LAKESIDE DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SHY, BILL	
STREET ADDRESS	18200 SE RIDGEVIEW DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LAWRENCE C	
STREET ADDRESS	18780 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Neu, CHARLES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	TEQUESTA, FL	
21 TITLE	FOGEL, JEAN D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	TEQUESTA, FL	
31 TITLE	GRANDGARD, KATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	TEQUESTA, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	V/P/D ADAMS, PATRICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	TEQUESTA, FL	
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BURKE, LEN S/D	
63 STREET ADDRESS		
64 CITY-ST-ZIP	TEQUESTA, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ Date: 4/12/96 Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)