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Apr 10 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 # 751466 (4)
1. Corporation Name

THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTI
N COUNTY, INC.



Principal Place of Business Mailing Address
222 U.S. HIGHWAY 1 STE 211 %BRISTOL MANAGEMENT SERVICES, INC.
TEQUESTA FL 33469 103 S. US #1 SUITE F5-135
JUPITER FL 33477-5132
US

3. Date Incorporated or Qualified 03/10/1980 3a. Date of Last Report 04/24/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0012585 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, STEVE
103 S US HWY 1, #FS-135
JUPITER FL 33477

| | | |
|---|----|-------------|
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEU, CHARLES | 1.2 NAME | |
| STREET ADDRESS | 18751 SE RIVER RIDGE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOGEL, JEAN | 2.2 NAME | |
| STREET ADDRESS | 18430 SE LAKESIDE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANDGARD, KATE | 3.2 NAME | |
| STREET ADDRESS | 18200 SE RIDGEVIEW DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFIN, LAWRENCE C | 4.2 NAME | |
| STREET ADDRESS | 18760 SE RIVER RIDGE RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, PATRICIA | 5.2 NAME | |
| STREET ADDRESS | 18760 SE RIVER RIDGE RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKE, LEN | 6.2 NAME | |
| STREET ADDRESS | 18760 SE RIVER RIDGE RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA 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 in an attachment with an address.

SIGNATURE: _____ DATE: April 3 1997

CR2E037 (9/96)