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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751466 (4)
1. Corporation Name
THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTI N COUNTY, INC.



Principal Place of Business 200 US HIGHWAY 1 STE 411 TEQUESTA FL 33469	Mailing Address BRISTOL MANAGEMENT SERVICES, INC. 103 S. US #1 SUITE F5-135 JUPITER FL 33477 US
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3. Date Incorporated or Qualified 03/10/1980		
4. FEI Number 65-0012585	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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	
84 City	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 relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEU, CHARLES	
STREET ADDRESS	18751 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOGEL, JEAN	
STREET ADDRESS	18430 SE LAKESIDE DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, LAWRENCE C	
STREET ADDRESS	18760 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, PATRICIA	
STREET ADDRESS	18760 SE RIVER RIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	Eaton, Lawrence Director	<input type="checkbox"/> DELETE
NAME	18151 SE Ridgeview Drive	
STREET ADDRESS	Tequesta, FL. 33469	
CITY-ST-ZIP	ADDITION	
TITLE	Directors	<input type="checkbox"/> DELETE
NAME	King, Gerald	
STREET ADDRESS	18343 SE Ridgeview Ct.	
CITY-ST-ZIP	Tequesta, FL. 33469	ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Whitney, Doug	
1.3 STREET ADDRESS	18319 SE Ridgeview Ct.	
1.4 CITY-ST-ZIP	Tequesta, FL.	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Panaia, Judith	
2.3 STREET ADDRESS	18409 SE Lakeside Drive	
2.4 CITY-ST-ZIP	Tequesta, FL. 33469	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Witte, Carol	
3.3 STREET ADDRESS	18217 SE Ridgeview Dr.	
3.4 CITY-ST-ZIP	Tequesta, FL. 33469	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Grangard, Kathleen	
4.3 STREET ADDRESS	18700 SE River Ridge Rd.	
4.4 CITY-ST-ZIP	Tequesta, FL. 33469	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Molter, James	
5.3 STREET ADDRESS	18751 SE River Ridge Rd.	
5.4 CITY-ST-ZIP	Tequesta, FL. 33469	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Lawrence Eaton Treasurer* 2/6/98 561-575-358

CR2E037 (10/97)