

# 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 # 756193 (9)

1. Corporation Name

RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.



Principal Place of Business

Mailing Address

441 N. HARBOR CITY BLVD. #C-22  
MELBOURNE FL 32935

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MELBOURNE FL 32935

3. Date Incorporated or Qualified  
02/04/1981

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-2252530

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZINKEWICH, FLORENCE  
441 N. HARBOR CITY BLVD, #C8  
MELBOURNE FL 32935

81 Name M. Eileen Reese  
82 Street Address (P.O. Box Number is Not Acceptable) 441 N. Harbor City Blvd A7  
83  
84 City MELBOURNE FL 85 Zip Code 32935

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 *M. Eileen Reese*

(NOTE: Registered Agent signature required when reinstating)

DATE

Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, ARTHUR	1.2 NAME	
STREET ADDRESS	441 N. HARBOR CITY BLVD., #C-2	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, EILEEN	2.2 NAME	
STREET ADDRESS	441 N. HARBOR CITY BLVD. #A7	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>THOMAS, BARBARA</del>	3.2 NAME	AMY GLOVER
STREET ADDRESS	<del>441 N. HARBOR CITY BLVD. A-15</del>	3.3 STREET ADDRESS	441 N. Harbor City Blvd. A-6
CITY - ST - ZIP	<del>MELBOURNE FL</del>	3.4 CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GLOVER, AMY</del>	4.2 NAME	
STREET ADDRESS	<del>441 N. HARBOR CITY BLVD. #A-6</del>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MELBOURNE FL</del>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, RAY	5.2 NAME	
STREET ADDRESS	441 N HARBOR CITY BLVD., D-5	5.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D GONALO PETTAS
STREET ADDRESS		6.3 STREET ADDRESS	441 N. Harbor City Blvd. C7
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MELBOURNE FL 32935

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *M. Eileen Reese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)