

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756193 (9)**

1. Corporation Name  
**RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.**

Principal Place of Business <b>441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935</b>	Mailing Address <b>441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935-8861</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/04/1981</b>	3a. Date of Last Report <b>02/19/1996</b>
21	26	4. FEI Number <b>59-2252530</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**REESE, M. EILEEN**  
**441 NORTH HARBOR CITY BLVD**  
**SUITE A-7**  
**MELBOURNE FL 32935**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 - PRESIDENT DATE April 13, 1997

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGOLIS, ARTHUR</b>	
STREET ADDRESS	<b>441 N.HARBOR CITY BLVD., #C-2</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>REESE, EILEEN</b>	
STREET ADDRESS	<b>441 N HARBOR CITY BLVD. #A7</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLOVER, AMY</b>	
STREET ADDRESS	<b>441 NORTH HARBOR CITY BLVD SUITE 46</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETITPAS, GERALD</b>	
STREET ADDRESS	<b>441 NORTH HARBOR CITY BLVD C-7</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCHANAN, RAY</b>	
STREET ADDRESS	<b>441 N HARBOR CITY BLVD., D-5</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S/P/D MARIA PIILGO</b>
3.3 STREET ADDRESS	<b>441 N. HARBOR CITY BLVD A11</b>
3.4 CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: Eileen Reese DATE April 13, 1997 TELEPHONE # 407-269-4856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)