


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935	Mailing Address 441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935
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3. Date Incorporated or Qualified
02/04/1981

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS	
TITLE	PVD <input checked="" type="checkbox"/> DELETE
NAME	MARGOLIS, ARTHUR
STREET ADDRESS	441 N.HARBOR CITY BLVD., #C-2
CITY-ST-ZIP	MELBOURNE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	REESE, EILEEN
STREET ADDRESS	441 N. HARBOR CITY BLVD. #A7
CITY-ST-ZIP	MELBOURNE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	PLIEGO, MARIA
STREET ADDRESS	441 N HARBOR CITY BLVD A11
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCHANAN, RAY
STREET ADDRESS	441 N HARBOR CITY BLVD., D-5
CITY-ST-ZIP	MELBOURNE 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	
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	Karl Wester
5.3 STREET ADDRESS	441 n. Harbor city Blvd #C5
5.4 CITY-ST-ZIP	Melbourne, FL 32935
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mari Conneen
6.3 STREET ADDRESS	441 n. Harbor city Blvd #C14
6.4 CITY-ST-ZIP	Melbourne, FL 32935

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: *M. Eileen Reese*

CR2E037 (10/97)