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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756193

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/04/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2252530	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
24	25	29	30		

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 KARL WESTER			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 441 N. HARBOR CITY Blvd C5			
				84 City MELBOURNE		85 State FL	

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 *Karl Wester* DATE **2-22-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTER, KARL			1.2 NAME			
STREET ADDRESS	441 N HARBOR CITY BLVD #C5			1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			1.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REESE, EILEEN			2.2 NAME	VD SOPHIA THEOFANOUS		
STREET ADDRESS	441 N. HARBOR CITY BLVD. #A7			2.3 STREET ADDRESS	441 N. HARBOR CITY BLVD C13		
CITY-ST-ZIP	MELBOURNE FL			2.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLIEGO, MARIA			3.2 NAME			
STREET ADDRESS	441 N HARBOR CITY BLVD A11			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCHANAN, RAY			4.2 NAME			
STREET ADDRESS	441 N HARBOR CITY BLVD., D-5			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNEN, MARI			5.2 NAME			
STREET ADDRESS	441 N HARBOR CITY BLVD #C14			5.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Maria Connen* DATE: **2-22-99** DAYTIME PHONE #: **407-951-0641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)