

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 # 756971 (8)

1. Corporation Name

RIVER SHORES PLANTATION PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% AL FLORIDA MANAGEMENT
4301 OAK CIR., STE 18
BOCA RATON FL 33431
US

% AL FLORIDA MANAGEMENT
4301 OAK CIR., STE 18
BOCA RATON FL 33431
US



3. Date Incorporated or Qualified
03/26/1981

3a. Date of Last Report
03/07/1995

4. FEI Number
59-2188993

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMET, BARRY N., ESQ.
12TH FLOOR PONCE DE LEON PLAZA
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

81 Name **GLEN MANAGEMENT SERVICE**
82 Street Address (P.O. Box Number is Not Acceptable)
4301 OAK CIRCLE SUITE 23

83

84 City

BOCA RATON,

FL

85

Zip Code
33431

11. Pursuant to the provisions of Sections 617.0305 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

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

(NOTE: Registered Agent signature required when reinstating)

3/22/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SEMLER, DAN**
STREET ADDRESS **20803 BISCAYNE BLVD., STE 103**
CITY- ST- ZIP **AVENTURA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **STD ACKERMAN, ROBERT C.**
STREET ADDRESS **20803 BISCAYNE BLVD., STE 103**
CITY- ST- ZIP **AVENTURA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **VD QUINN, ROBERT**
STREET ADDRESS **2143 NW 19TH DR**
CITY- ST- ZIP **STUART FL 34994**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert C. Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96
Date

407-392-0977
Daytime Phone #

CR2E037 (12/95)