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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-2188993 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4301 OAK CIRCLE	26 4301 OAK CIRCLE
Suite, Apt. #, etc. 22 #23	Suite, Apt. #, etc. 27 #23
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33431 Country 25 USA	Zip 29 33431 Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLEN MANAGEMENT SERVICE 4301 OAK CIRCLE SUITE 23 BOCA RATON FL 33431	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 617.0500 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 A. GLEN 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEMLER, DAN		1.2 NAME		
STREET ADDRESS	20803 BISCAYNE BLVD., STE 103		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, ROBERT C.		2.2 NAME		
STREET ADDRESS	20803 BISCAYNE BLVD., STE 103		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, ROBERT		3.2 NAME		
STREET ADDRESS	2143 NW 19TH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Robert C. Ackerman 4-9-98 (305) 935-0255
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (BEFORE OR AFTER) Date Daytime Phone Number