

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 # **759052** (4)

1. Corporation Name
RIVER CLUB DOCK OWNERS' ASSOCIATION, INC.



Principal Place of Business: PO BOX 1403 JENSEN BCH. FL 34958
Mailing Address: PO BOX 1403 JENSEN BCH. FL 34958

3. Date Incorporated or Qualified: 07/07/1981
3a. Date of Last Report: 03/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2168053	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NAVARETTA, STEPHEN NAUARETTA & NAUARETTA, PA 8000 S FEDERAL HWY SUITE 302 PORT ST LUCIE FL 34952		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DEWITT, JERRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, JERRY	1.2 NAME	DON TENAGLIA
STREET ADDRESS	1600 NE DIXIE HWY 5-102	1.3 STREET ADDRESS	1600 N.E. DIXIE HWY 6-201
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL, 34957
TITLE	PO FRYE, HARRY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. JAMES KOEHLER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, HARRY	2.2 NAME	JAMES KOEHLER
STREET ADDRESS	1600 NE DIXIE HWY 4-104	2.3 STREET ADDRESS	1600 N.E. DIXIE HWY 15-101
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL, 34957
TITLE	D MURPHY, DAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D TOM FONTAINE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DAN	3.2 NAME	TOM FONTAINE
STREET ADDRESS	1600 N.E. DIXIE HWY 3.203	3.3 STREET ADDRESS	1600 N.E. DIXIE HWY 12-106
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	JENSEN BEACH, FL, 34957
TITLE	STD ROBINSON, JACK <input type="checkbox"/> DELETE	4.1 TITLE	SEC. HAYES SHAMP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JACK	4.2 NAME	HAYES SHAMP
STREET ADDRESS	1600 NE DIXIE HWY 5-104	4.3 STREET ADDRESS	1600 N.E. DIXIE HWY 8-204
CITY-ST-ZIP	JENSEN BCH FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL, 34957
TITLE	D SPILLMAN, WILLIAM <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	SPILLMAN, WILLIAM	5.2 NAME	
STREET ADDRESS	1600 NE DIXIE HWY 5-204	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	700001778597
NAME		6.2 NAME	-04/12/96--01061--014
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: JACK ROBINSON JACK ROBINSON 3-29-96 407-334-9230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-12-96 JR