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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
PO BOX 1403 JENSEN BCH. FL 34958
PO BOX 1403 JENSEN BCH. FL 34958-1403

3. Date Incorporated or Qualified 07/07/1981
3a. Date of Last Report 04/12/1996

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

4. FEI Number 59-2168053 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

9. Name and Address of Current Registered Agent
NAVARETTA, STEPHEN
NAUARETTA & NAVARETTA, PA
8000 S FEDERAL HWY SUITE 302
PORT ST LUCIE FL 34952

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

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include PD TENAGLIA, DON; VPD KOEHLER, JAMES; D FONTANE, TOM; STD ROBINSON, JACK; SD HAYES, SHIMP.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-12 correspond to the previous table.

14. I do 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE: JACK ROBINSON, TREASURER JACK ROBINSON 3-30-97 334-9230 (561)

CR2E037 (9/96)