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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90129 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759052**

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
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>PO BOX 1403</b>	3. Date Incorporated or Qualified <b>07/07/1981</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>JENSEN Bch - FL, 34957</b>	4. FEI Number <b>59-2168053</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25 <b>USA</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>NAVARETTA, STEPHEN                  NAUARETTA &amp; NAUARETTA, PA                  8000 S FEDERAL HWY SUITE 302                  PORT ST LUCIE FL 34952</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TENAGLIA, DON 1600 NE DIXIE HWY. 6-201 JENSEN BEACH FL 34957	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD KEN KUSEN 1600 NE DIXIE HWY 9/101 JENSEN Bch FL, 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOEHLER, JAMES 1600 NE DIXIE HWY. 15-101 JENSEN BEACH FL 34957	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD TOM FONTAINE 1600 NE DIXIE HWY 12/106 JENSEN Bch FL-34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANE, TOM 1600 NE DIXIE HWY. 12-106 JENSEN BEACH FL 34957	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	BOOK MASTER JERRY DEWITT 1600 NE DIXIE HWY JENSEN Bch FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBINSON, JACK 1600 NE DIXIE HWY 5-104 JENSEN Bch FL 34957	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREAS. TOM O'NEIL 1600 DIXIE HWY 12/204 JENSEN Bch FL. 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUSEN, KEN 1600 NE DIXIE HWY 9-101 JENSEN BEACH FL 34957	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECY. TOM MCLAUGHLIN 1600 NE DIXIE HWY 12/1 JENSEN Bch FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)