## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MARTIN WOLF



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N06427

(1)

RIVER GARDEN HOLDING COMPANY, INC.

## FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						1	A DO CATALO DA DO DASTO BANKA DADAD ANDAK AD				II UPUII FOOI					
% PALEVSKY. ELLIOTT		% PALEVSKY, ELLIOTT			3.	Date Incorporated or Qualified										
11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402		11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402				11/30/1984										
MONDOMAIL	LE FL 32236-1402	JACKSONVILLE PL J2230-14	102			4.	FEI Number		T	Apr	olied For					
						<u> </u>	<del>59-2487781</del>			Not	Applicable					
<b>—</b>	Place of Business	2a. Mailing Address				5.	Certificate of Status Desired				dditional					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	<u> </u>			R	Election Campaign Financing			e Rec						
22		27			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees											
City & St	ate	City & State			<del></del>	7. Is this nonprofit corporation a homeowners association?										
23		28				<u> </u>		Yes 🗜	No							
Zip	Country					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes										
24	9. Name and Address of Currer		30				Personal Property Tax due June : Name and Address of New Reg			1125	rno					
-14			-	31	Name				<b>3</b> 0		· · · · · · · · · · · · · · · · · · ·					
PALEV	/SKY, ELLIOTT		-	-	Discount Andress	/D	C. Day Number is blad Assessable									
	OLD AUGUSTINE ROAD		8			t Address (P.O. Box Number is Not Acceptable)										
	SONVILLE FL 32258		1	B3					,							
			la la	34	City				85	Zip C	ode					
					-			<u>FL</u>								
11. Pursuai office o	nt to the provisions of Sections 617.050 or registered agent, or both, in the State I am familiar with, and accept the oblig	/2 and 617.1508, Florida Statute / of Florida. Such change was ar	s, the about horized	by t	named corporatio	oration on's b	n submits this statement for the pu oard of directors. I hereby accept	rpose of a	changi intmer	ng its it as r	registered egistered					
agent.	I am familiar with, and accept the oblig	ations of, Section 617.0503, Flor	rida Statu	tes.	•						•					
SIGNATURI	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered	Aoent	t signature required	d when	reinstating)	DATE								
12.	OFFICERS AN		13.				DDITIONS/CHANGES TO OFFICE		DIREC	TORS	S IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE						Cha	nge	Addition					
NAME	TURBOW, BRENT		1.2 NAME													
STREET ADDRES			1.3 STRE		DORESS											
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-		- ZIP		· · · · · · · · · · · · · · · · · · ·		l Ai		1 1 4 4 100					
TITLE	VD MEISEL, LEWIS	☐ DELETE	2.1 TITLE						Cha	nge	☐ Addition					
NAME STREET ADDRES	400 HODIVING STREET			2.2 NAME 2.3 STREET ADDRESS												
CITY-SI-ZIP	NEPTUNE BCH. FL			2.4 CITY-ST-ZIP												
TITLE	SD	DELETE	3.1 TITL		- 211				Cha	nge	Addition					
NAME	ELINOFF, RONALD															
STREET ADDRES	s 2811 SCOTT MILL ESTATES	DRIVE	3.3 STR	EET A	DORESS											
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CIT	Y-\$T	- ZIP											
TITLE	TD	☐ DELETE	4.1 TITLE					I	Cha	nge	☐ Addition					
NAME	WOLF, MARTIN		4. 2 NA													
STREET ADDRES	S 3642 LEEWOOD LANE JACKSONVILLE FL				DDRESS											
CRTY-ST-ZIP	1.6	DELETE	4.4 CITY- 5.1 TITLE		- ZIP				Cha		Addition					
NAME	SCHREIBER, MINNIE		5.1 HILE 5.2 NAME						UIA CINA	i No	Addition					
STREET ADDRES	F004 ATI ALITIO DI IN 070				LDDRESS											
CITY-ST-ZW	JACKSONVILLE FL		5.4 CITY													
TITLE	VD	☐ DELETE	6.1 TITL	_					Cha	nge	Addition					
NAME	KLEPPER, IRVING		6.2 NAA	ΛE												
STREET ADDRES	- I	RD OF	6.3 STR	EET A	LDDRESS											
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY	Y-ST-	- ZIP											
14.   hereb indicate	y certify that the information supplied w ed on this annual report or supplement	rith this filing does not qualify for al annual report is true and accu	r the exer vate and	mpri that	on stated in S Inny signature	ection e shal	n 119.07(3)(i), Florida Statutes. I f I have the same legal effect as if	urtner cer made und	tify tha ler oati	t the i h, tha	Information t I am an					
officer of Block 1	or director of the corporation or the recipied or Block 13 if changed, or on an atta	eiver or trustee empowered to chment with an address.	\ <i>'</i>	, ,		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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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.										