FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07735 (6)

1. Corporation Name

RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JOHN J. MARPLE JR. 6535 BRANDON DRIVE NEW PORT RICHEY FL 34652-9213	% JOHN J. MARPLE JR. 6535 BRANDON DRIVE NEW PORT RICHEY FL 34652-9213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1985
3a. Date of Last Report: 03/23/1994
4. FEI Number: 23-5222185 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 % ALLEN MUELLING	26 % ALLEN MUELLING
Suite, Apt. #, etc. 22 6407 CANE RUN DRIVE	Suite, Apt. #, etc. 27 6407 CANE RUN DRIVE
City & State 23 NEW PORT RICHEY, FL	City & State 28 NEW PORT RICHEY, FL
Zip 24 34652-9213 Country 25 U.S.A.	Zip 29 34652-9213 Country 30 USA

9. Name and Address of Current Registered Agent

MARPLE JR., JOHN J.
6535 BRANDON DRIVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: ALLEN B. MUELLING
82 Street Address (P.O. Box Number is Not Acceptable): 6407 CANE RUN DRIVE
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MUELLING, ALLEN B. (Signature, typed or printed name of registered agent and title if applicable) Allen B. Muelling (NOTE: Registered Agent signature required when reinstating) DATE: 04-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☒ Change ☐ Addition
NAME	MARPLE, JR. J J.	12 NAME	T MUELLING, ALLEN B.
STREET ADDRESS	6535 BRANDON DR	13 STREET ADDRESS	6407 CANE RUN DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	NEW PORT RICHEY, FL.
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HAACK, ORVIE	22 NAME	
STREET ADDRESS	6545 CANERUN DR	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COLANTONIO, BERNADETTE	32 NAME	
STREET ADDRESS	6527 BRANDON DR.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KAISER, MARION	42 NAME	
STREET ADDRESS	6530 BRANDON DR.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ANTONINI, LUCILLE	52 NAME	PAVLAT, MARJORIE
STREET ADDRESS	6534 GRASTON DR	53 STREET ADDRESS	6416 PRESTON DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	TRADER, CAROL	62 NAME	MUELLING, LUCILLE
STREET ADDRESS	6410 CANERUN DR.	63 STREET ADDRESS	6407 CANE RUN DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP	NEW PORT RICHEY, FL.

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)(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: MUELLING, ALLEN B. Allen B. Muelling 04/14/95 813-917-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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