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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N07735** **(6)**

1. Corporation Name

RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALLEN MUELLING 6407 CANE RUN DRIVE NEW PORT RICHEY FL 34652-9213 US	C/O ALLEN MUELLING 6407 CANE RUN DRIVE NEW PORT RICHEY FL 34652-2246 US

3. Date Incorporated or Qualified: 02/19/1985
3a. Date of Last Report: 04/05/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUELLING, ALLEN B
6407 CANE RUN DRIVE
NEW PORT RICHEY FL 34652

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: Muelling Allen B — Allen Muelling — 3- -97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MUELLING, ALLEN B		1.2 NAME	GARWOLD BESSIE	
STREET ADDRESS	6407 CANE RUNE DRIVE		1.3 STREET ADDRESS	6505 CARLY DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	P	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BELOTE, DONNA		2.2 NAME	~~Dickie~~ ARNOLD, DICKE	
STREET ADDRESS	6520 CARLY DR		2.3 STREET ADDRESS	6415 CANE RUN DR	
CITY-ST-ZIP	NEW PT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	D	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	COLANTONIO, BERNADETTE		3.2 NAME	HELEN COBB	
STREET ADDRESS	6527 BRANDON DR.		3.3 STREET ADDRESS	6402 CANE RUN DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	S	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	KAISER, MARION		4.2 NAME	HAACK FLORENCE	
STREET ADDRESS	6530 BRANDON DR.		4.3 STREET ADDRESS	6401 CANE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	VAN LENTE, EARL		5.2 NAME	PAVIAT EDWARD	
STREET ADDRESS	6415 PRESTON DRIVE		5.3 STREET ADDRESS	6416 PRESTON DR.	
CITY-ST-ZIP	NEW PT RICHEY FL		5.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MUELLING, LUCILLE		6.2 NAME		
STREET ADDRESS	6407 CANE RUN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muelling Allen — Allen Muelling — 3- 97 — 813-817-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067951