FILE NOW: FILING FEE IS $61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90086 049 ****61.25

0071319

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07735**

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 34652-9213 US

2. Principal Place of Business
21 6400 CANE RUN DR.
Suite, Apt. #, etc.
22 —
City & State
23 NEW PORT Richey, FL
Zip 24 34652 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State 28 SAME
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/19/1985

4. FEI Number
23-5222185
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 RALPH FECHO -TREASURER
82 Street Address (P.O. Box Number is Not Acceptable) 6400 CANE RUN DRIVE
83
84 City NEW PORT RICHEY FL 85 Zip Code 34652

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 Ralph Fecho 3-31-99
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUELLING, LUCILLE		1.2 NAME		
STREET ADDRESS	6407 CANE RUN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP BARBARA MONTGOMERY	☒ Change ☐ Addition
NAME	DICKE, ARNOLD		2.2 NAME		
STREET ADDRESS	6415 CANE RUN DR		2.3 STREET ADDRESS	6520 CARLY DRIVE	
CITY-ST-ZIP	NEW PT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	S	☒ DELETE	3.1 TITLE	S GERALDINE PIETRANTONIO	☒ Change ☐ Addition
NAME	COBB, HELEN		3.2 NAME		
STREET ADDRESS	6402 CANE RUN DR		3.3 STREET ADDRESS	6441 GRASTON DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAACK, FLORENCE		4. 2 NAME		
STREET ADDRESS	6401 CANE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D MELBA HOCUTT	☒ Change ☐ Addition
NAME	VAN LENTE, EARL		5.2 NAME		
STREET ADDRESS	6415 PRESTON DRIVE		5.3 STREET ADDRESS	6344 PRESTON DRIVE	
CITY-ST-ZIP	NEW PT RICHEY FL		5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARWOLD, BESSIE		6.2 NAME		
STREET ADDRESS	6505 CARLY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		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: Ralph Fecho SIGNATURE REQUIRED 3-31-99 727-844-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)