FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT Sandra B. Mortha Secretary of Sta

DIVISION OF CORPORTIONS

1996

DOCUMENT #
1. Corporation Name

N09639

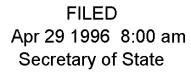
(8)

RIVERWALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 154 PARK AVE. S.

Mailing Address

154 PARK AVE. S.





WINTER PA	RK FL 32790		WINTER PARK FL 32790							
							3. Date Incorporated or Qualified 06/07/1985			st Report 7/1995
Principal Place of Business			2a. Mailing Address			V.	4. FEI Number			Applied For
Suite, Apt. #, etc.			26				59-3027618	·		Not Applicable
22			Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required	
City & State	e		City & State				6. Election Campaign Financing			.00 May Be
23			28				Trust Fund Contribution			ded to Fees
Zip	}	Country	Zip	_	Country	/	8. This corporation has liability for int	angible tax	under	s. 199.032,
24		25 and Address of Current	29	30				Yes 🗆 N		
	5. Hallio	and Address of Current	negistered Agent		81	Name	10. Name and Address of New Re	stered A	gent	
GREEN, MICHAEL L.						Street Ad	dress (P.O. Box Number is Not Acceptable	·	·	
154 PA			83							
WINTER PARK FL 32789					B4				11	
					1	1 1		FL	1 1	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 obsporation'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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating: OATE										
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	PD		□ DELETE	1	.1 TITLE				Change	
NAME	Green,	MICHAEL L.		1	.2 NAME	- 1		L		
STREET ADDRESS		RK AVE., SOUTH		1	.3 STREET	ADDRESS				
CITY-ST-ZIP		PARK FL		1 1	4 Offy-S	T-71P				
THLE	STD		DELETE		1 TITLE			П	Change	Addition
NAME	COLLISC	DN, HARRY W.		2	2 NAME			_		
STREET ADDRESS	· •				2:3 STREET ADDRESS					
CITY-ST-ZIP		PARK FL		2	4 1117-	ST-ZIP				
TITLE	D		DELETE	_	1 TLE			П	Change	Addition
NAME	WOOD,	PHILIP F.		3	2 VME			٥		
STREET ADDRESS	154 PAR	K AVE., SOUTH		3	3 REET	ADDRESS				
CITY-ST-ZIP		PARK FL		3	4. ITY-5	ST-ZIP				
TITLE			DELETE	4					Change	Addition
NAME				4	2 AME				84	
STREET ADDRESS				4	3 TREET	ADDRESS				
CITY-ST-ZIP				4		T- 21P				
TITLE			DELETE	5					Change	Addition
NAME				. 5.					00	
STREET ADDRESS				5.		ADDRESS				ļ
CITY-ST-ZIP				5.						
TITLE			DELETE	6	_			П	Change	Addition
NAME				6.				٦	90	
STREET ADDRESS				6.	₩.	ADDRESS				
CITY - ST - ZIP				6		- 1				
	v certify that th	e information supplied wit	h this filing is voluntarily fumio	bod a		not suctify	for the augmention stated in Castley 440 07			

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further is true and accurate and that my signature shall have the same legal effect as if made under ed to execute this report as required by Chapter 617, Florida Statutes; and that my name certify that the information indicated on this annual report or supplemental annual report of supplemental annual report of supplemental annual report of the receiver or trustee empower appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-15-96 407-647-0800