

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

195 MAR -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N17080 (5)
1. Corporation Name
THE RIVER HOMES OF SEA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4024	Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4024
---	---

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2689708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DAWSON, PAMELA
1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963**

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 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LONGWORTH, THOMAS 1235 WINDING OAKS CIR. VERO BEACH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	MANN, JACK 1235 WINDING OAKS CIR. VERO BEACH FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	HIRSCH, CLAIRE 1235 WINDING OAKS CIR. VERO BEACH FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	LOVE, FRANCIS 1235 WINDING OAKS CIR. VERO BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	CARLSON, ROLAND 1235 WINDING OAKS CIR. VERO BEACH FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(b), Florida Statutes. I further certify that the information exhibited 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Mann* **1-30-95** **107-231-2154**
(Signature and Title or Printed Name of Signing Officer or Director) (Date) (License/Tax #)