

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 MAY 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 03/03/1995
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
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGWORTH, THOMAS	1.2 NAME
STREET ADDRESS	1235 WINDING OAKS CIR.	1.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, JACK	2.2 NAME GERSTELL, BARBARA
STREET ADDRESS	1235 WINDING OAKS CIR.	2.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, CLAIRE	3.2 NAME
STREET ADDRESS	1235 WINDING OAKS CIR.	3.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, FRANCIS	4.2 NAME
STREET ADDRESS	1235 WINDING OAKS CIR.	4.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, ROLAND	5.2 NAME
STREET ADDRESS	1235 WINDING OAKS CIR.	5.3 STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOVE

Date: **3-29-96** (107) 231-2154
Daytime Phone #

CR2E037 (12/95)