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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N17080

THE RIVER HOMES OF SEA OAKS HOMEOWNERS ASSOCIATI ON. INC.

Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4024 VERO BEACH FL 32963-4006 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1986 05/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2689708 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Π Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 20 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DAWSON, PAMELA Street Address (P.O. Box Number is Not Acceptable) 1235 WINDING OAKS CIRCLE 83 VERO BEACH FL 32963 84 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 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 DIFIECTORS IN 12 TITLE **VD** DELETE 1.1 TITLE Change Addition LONGWORTH, THOMAS NAME 1.2 NAME 1235 WINDING OAKS CIR. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Addition NAME GERSTELL, BARBARA 2.2 NAME 1235 WINDING OAKS CIR. STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE TITLE -00- 3.1 TITLE Addition HIRSCH, CLAIRE TOTA, JOAN NAME 3.2 NAME STREET ADDRESS 1235 WINDING OAKS CIR. 3.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME LOVE, FRANCIS 4.2 NAME STREET ADDRESS 1235 WINDING OAKS CIR. 4.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 51 TITLE Change Addition 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 DELETÉ 6.1 TITLE Addition ☐ Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

CiTY-ST-Zif

SIGNATURE:

6.4 CITY - ST - ZIP

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 cerify 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 empoyed to execute the open as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the corporation of the corporation of the corporation or the receiver or trustee empoyed to execute the open as required by Chapter 817, Florida Statutes; and that my name

(96/6) (8/6)

FILED

Apr 24 1997 8:00am

Secretary of State