SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # N21005** 

(6)

| 1. Corporation Name   |  |                            |           |                          |            |                 |            |   |   |  |
|---|--|----------------------------|-----------|--------------------------|------------|-----------------|------------|---|---|--|
| RIVERRE   | REF <b>7</b> E ES  | TATES PARK UNIT            | r. INC    | \ <u>.</u>               |            |                 |            |   |   |  |
| 1117 (1101)   | TENNE EV   |                            | , ,,,,    | •                        |            |                 |            |   | I ATRIANIA AND MARKA PARKS BANKA BANKA BANKA ANDI BANKA |  |
|   |  |                            |           |                          |            |                 |            |   |   |  |
| Principal Place of Business Mailing Address   |  |                            |           |                          |            |                 |            |   | 1 (88(1)) 010 (100) 1020 8011 8010 971 210(1 879) 910(1 810) 8110 8111 8111 1011                              |  |
| %WILLIAM R.   | KORÉ   |                            | 17        | 710 7TH ST. SW           |            |                 |            |   | 3. Date incorporated or Qualified   |  |
| 333 SOUTH T   |  | L                          |           | 33 SOUTH TAMIAMI TR      | AIL        |                 |            |   | 06/05/1987  |  |
| VENICE FL 34285 RUSKIN FL 33570   |  |                            |           |                          |            |                 |            |   | 4. FEI Number Applied For   |  |
| US  |  |                            |           |                          |            |                 |            |   | 59-2873296 Not Applicable   |  |
| 2. Principal P  | lace of Busin  | ness                       | 2a.       | . Mailing Address        |            |                 |            |   | \$9.75 Additional   |  |
| 21  | _  |                            | 26        |                          |            |                 |            |   | 5. Certificate of Status Desired Fee Required   |  |
| Suite, Apt. #, etc.   |  |                            |           | Suite, Apt. #, etc.      |            |                 |            |   | 6. Election Campaign Financing \$5.00 May Be  |  |
| 22  |  |                            | 27        |                          |            |                 |            |   | Trust Fund Contribution   |  |
| City & State  |  |                            |           | City & State             |            |                 |            |   | 7. Is this nonprofit corporation a homeowners association?  |  |
| ZIp Country   |  |                            | 28        | Zip Country              |            |                 |            |   | 8. This corporation owes or has paid the current year intangible  |  |
| 24  | 25   |                            | 29        | 29 30                    |            |                 |            |   | Personal Property Tax due June 30. Yes No   |  |
| 27  | 9. Name  | and Address of Curren      |           | stered Agent             | 1001       | T               |            |   | 10. Name and Address of New Registered Agent  |  |
|   |  |                            |           | <u> </u>                 |            | 81              | Name       |   |   |  |
| DAMONTE   | IONATHA  | IN JAMES                   |           |                          |            | 82              | Ctroot     | Addes                                       | one (D.O. Day Number Is Met Acceptable)   |  |
| DAMONTE, JONATHAN JAMES<br>7800 111TH STREET, NORTH   |  |                            |           | ļ                        |            |                 | Sugar      | Address (P.O. Box Number Is Not Acceptable) |   |  |
| SUITE 206   |  |                            |           |                          |            |                 |            |   |   |  |
|   | FL 34642   |                            |           |                          |            | 84              | City       |   | 85 Zip Code   |  |
| 22  | 7  |                            |           |                          |            | •               | City       |   | FL   S   E   S   E   S   S   S   S   S   S  |  |
| 11. Pursuant t  | ant 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 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 I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. |                            |           |                          |            |                 |            |   |   |  |
| agent. I a  | egistered age<br>m famillar wit  | th, and accept the obligat | ions of,  | section 617.0503, Flo    | rida Statu | tes.            | ne corpon  | auons                                       | s board or directors, i hereby accept the appointment as registered   |  |
| SIGNATURE   |  |                            |           |                          |            |                 |            |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE   |  |                            |           |                          |            |                 |            |   |   |  |
| 12.   |  | OFFICERS AN                | DOIRE     |                          | 13.        | ITI E           |            | Ď   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| NAME  | D  | A DELBERT                  |           | DELETE                   | 1.2 N      |                 |            | -   | Change {X Addition  |  |
| STREET ADDRESS  |  |                            |           |                          |            |                 | ADDRESS    |   | 710 7TH ST SW LOT 104   |  |
| CITY-ST-ZIP   | S 1710 7TH ST LOT 96<br>Ruskin fl  |                            |           | 1.4 CI                   |            |                 |            |   | JSKIN, FL   |  |
| TITLE   | D  |                            |           | X DELETE                 | 2.1 T      |                 | -          | D   | Change X Addition   |  |
| NAME  | FARQUHA  | AR. CLAIR                  |           | وريع ويد                 | 2.2 N      | AME             |            | _   | <del></del>   |  |
| STREET ADDRESS  |  | ST., SW, LOT 27            |           |                          | 2.3 8      | TREET           | ADDRESS    | 17  | AGE, JOHN<br>710 7TH ST SW LOT 66   |  |
| CITY-ST-ZIP   | RUSKIN F   |                            |           |                          | 2.4 C      | ITY-S1          | T-ZIP      | RU:   | JSKIN, FL. 33570  |  |
| TITLE   | D  | <del></del>                |           | DELETE                   | 3.1 T      | TLE             |            | D   | Change X Addition   |  |
| NAME  | MORTUS,  | NORMAN                     |           | _                        | 3.2 N      | AME             |            |   | [LEMAN, RICHARD   |  |
| STREET ADDRESS  | 17 (0 7TH  | ST., SW, LOT 27            |           |                          | 3.3 \$     | TREET           | ADDRESS    |   | 710 7TH ST SW 10T 29  |  |
| CITY-ST-ZIP   | RUSKIN F   | <u>L</u>                   |           |                          |            | ITY-S1          | T-ZIP      |   | JSKIN, FL. 33570  |  |
| TITLE   | ٧  |                            |           | X DELETE                 | 4.1 T      |                 |            | ٧   | Change X Addition   |  |
| NAME  | ANDREWS  |                            |           |                          | 4.2 N      |                 | ļ          |   | JMP, CAROL  |  |
| STREET ADDRESS  |  | ST LOT 67                  |           |                          |            |                 | ADDRESS    |   | 710 7TH 3T SW LOT 3   |  |
| CITY-ST-ZIP   | RUSKIN F   | <u>L</u>                   |           |                          |            | ITY-S1          | T-ZIP      |   | JSKIN, FL. 33570  |  |
| TITLE   | P  |                            |           | DELETE                   | 5.1 T      |                 |            | D   | Change X Addition   |  |
| NAME  | SHEA, WI   |                            |           |                          | 5.2 N      |                 |            | MA  | ACKEY, ETHELYN  |  |
| STREET ADDRESS  |  | ST LOT 105                 |           |                          |            |                 | ADORESS    | I/  | 710 7fH ST SW LOT 113<br>USKIN. FL. 33570   |  |
| CITY-ST-ZIP   | RUSKIN F   | <u> </u>                   |           | T DELETE                 | 6.1 T      | ITY-\$1<br>ITLE | 1-415      | ΛŲ.   |   |  |
| NAME  | ST ALM   | <b>∩</b> E                 |           | L DELETE                 | 6.2 N      |                 |            |   | Change Addition   |  |
| STREET ADDRESS  | WEIR, ALK  |                            |           |                          |            |                 | ADDRESS    |   |   |  |
| CITY-ST-ZIP   | RUSKIN F   | STR SW, LOT 85             |           |                          |            | ITY-S1          | 1          |   |   |  |
| 14. I hereby c  | ertify that the  | thy belloque notermolni    | this fili | ing does not qualify for | the exem   | ption           | stated in  | section                                     | tion 119.07(3)(I), Florida Statutes. I further certify that the Information                                   |  |
| hateolhoi   | on this annu   | al report or supplemental  | anoual    | report is true and acc   | :urate and | that            | : mv slana | ituro s                                     | shall have the same legal effect as if made under cath: 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. |  |                            |           |                          |            |                 |            |   |   |  |

**FILED** 

Jul 23 1998 8:00am \*

Secretary of State