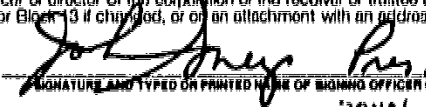


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 14 AM 9:30	
DOCUMENT # N26219 (8) 1. Corporation Name THE ISLAND OF RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413		Mailing Address 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1988	
21		25		3a. Date of Last Report 11/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0075186	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required	
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SNEEP, JOHN A 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413		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	PO	1.1 TITLE	☐ Change ☐ Addition		
NAME	SNEEP, JOHN A	1.2 NAME			
STREET ADDRESS	2000 ISLAND MANOR DRIVE	1.3 STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33413	1.4 CITY- ST- ZIP			
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition		
NAME	CASSON, ROSE B	2.2 NAME			
STREET ADDRESS	2000 ISLAND MANOR DRIVE	2.3 STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33413	2.4 CITY- ST- ZIP			
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition		
NAME	CLARK, HAROLD	3.2 NAME			
STREET ADDRESS	2000 ISLAND MANOR DRIVE	3.3 STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33413	3.4 CITY- ST- ZIP			
TITLE	D	4.1 TITLE	☐ Change ☐ Addition		
NAME	SNEEP, MIKE	4.2 NAME			
STREET ADDRESS	2000 ISLAND MANOR DRIVE	4.3 STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33413	4.4 CITY- ST- ZIP			
TITLE	D	5.1 TITLE	☐ Change ☐ Addition		
NAME	O'DONOVAN, RAY	5.2 NAME			
STREET ADDRESS	2000 ISLAND MANOR DRIVE	5.3 STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33413	5.4 CITY- ST- ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY- ST- ZIP		6.4 CITY- ST- ZIP			
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  JOHN A. SNEEP / PRESIDENT 4/5/95 407-966-2000					