

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26282 (6)

1. Corporation Name

RIVER CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1988

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2999394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

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

Signature (Typed or Printed Name of Registered Agent and Date of Application)

(NOTE: Registered Agent signature required when re-stating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MAS, JOHN --
STREET ADDRESS	109 RIVER CHASE DRIVE -
CITY, ST, ZIP	ORLANDO FL ---
TITLE	VD
NAME	KALISH, ED --
STREET ADDRESS	129 RIVER CHASE --
CITY, ST, ZIP	ORLANDO FL ----
TITLE	SD
NAME	BURWICH, NANCY
STREET ADDRESS	376 RIVER CHASE
CITY, ST, ZIP	ORLANDO FL
TITLE	TD
NAME	STUMPP, LYNNE
STREET ADDRESS	145 RIVERCHASE DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	P
NAME	SCHOENING, TODD
STREET ADDRESS	273 RIVER CHASE DR
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	IANNACONE, ANTHONY	
1.3 STREET ADDRESS	103 RIVER ISLE DR	
1.4 CITY, ST, ZIP	ORLANDO FL 32807	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	JUNEAU, MARK	
2.3 STREET ADDRESS	245 RIVER CHASE DR	
2.4 CITY, ST, ZIP	ORLANDO FL 32807	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

Todd Schoening
TODD SCHOENING
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95

407.282.1637