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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N28123 (0)**  
1. Corporation Name  
**RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**5148 WATERSIDE WAY FT PIERCE FL 34981**      **5148 WATERSIDE WAY FT PIERCE FL 34981**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/30/1988**      3a. Date of Last Report **03/01/1994**

4. FEI Number **65-0160871**      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      2b. Mailing Address

21 **2409 River Branch Dr.**      26 **2409 River Branch Dr.**

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 **Ft. Pierce, FL**      28 **Ft. Pierce, FL**

24 **34981**      25 **USA**      29 **34981**      30 **USA**

9. Name and Address of Current Registered Agent

**KELLOGG, LOIS P  
5148 WATERSIDE WAY  
FT PIERCE FL 34981**

10. Name and Address of New Registered Agent

81 Name **Donald Skinner**

82 Street Address (P.O. Box Number is Not Acceptable) **2409 River Branch Drive**

83

84 City **Ft. Pierce**      FL      85 Zip Code **34981**

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, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Donald Skinner, President**      DATE **5-14-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KELLOGG, LOIS P</b>
STREET ADDRESS	<b>5148 WATERSIDE WAY</b>
CITY, ST, ZIP	<b>FT PIERCE FL</b>
TITLE	<b>D</b>
NAME	<b>KELLOGG, WILLIAM R</b>
STREET ADDRESS	<b>5148 WATERSIDE WAY</b>
CITY, ST, ZIP	<b>FT PIERCE FL</b>
TITLE	<b>SD</b>
NAME	<b>WARD, VICKI</b>
STREET ADDRESS	<b>2208 RIVERBRANCH DR</b>
CITY, ST, ZIP	<b>FT PIERCE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Michael Brown</b>
13 STREET ADDRESS	<b>2207 River Branch Dr.</b>
14 CITY, ST, ZIP	<b>Ft. Pierce, FL 34981</b>
21 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Paul Dayton</b>
23 STREET ADDRESS	<b>5145 Turtle Creek Place</b>
24 CITY, ST, ZIP	<b>Ft. Pierce, FL 34981</b>
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Lois P. Kellogg</b>
33 STREET ADDRESS	<b>5148 Waterside Way</b>
34 CITY, ST, ZIP	<b>Ft. Pierce, FL 34981</b>
41 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Barbara Sapping</b>
43 STREET ADDRESS	<b>685 Degan Drive</b>
44 CITY, ST, ZIP	<b>Pt. St. Lucie, FL 34983</b>
51 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Bary Whigham</b>
53 STREET ADDRESS	<b>2305 River Branch Drive</b>
54 CITY, ST, ZIP	<b>Ft. Pierce, FL 34981</b>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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. 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 and changed, or on an attachment with an address.

SIGNATURE: **Ward Vicki**      4/26/95      407 466 0713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR      Date      Telephone (Area #)