

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
2409 RIVER BRANCH DRIVE FT. PIERCE FL 34981 US **2409 RIVER BRANCH DRIVE FT. PIERCE FL 34981 US**

3. Date Incorporated or Qualified **08/30/1988** 3a. Date of Last Report **06/21/1995**

2. Principal Place of Business 2a. Mailing Address
21 **5145 WATER LILY WAY** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FT Pierce FL** 27 **SAME**
City & State City & State
24 **34981** 25 **US** 29 **34981** 30 **US**
Zip Country Zip Country

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SKINNER, DONALD
2409 RIVER BRANCH DRIVE
FT. PIERCE FL 34981**

10. Name and Address of New Registered Agent
81 Name **GARY HOLLETT**
82 Street Address (P.O. Box Number is Not Acceptable) **5145 WATER LILY WAY**
83
84 City **Ft. Pierce** FL 85 Zip Code **34981**

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 *Gary Hollett* **GARY HOLLETT** **5-15-96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MICHAEL	1.2 NAME	GARY HOLLETT
STREET ADDRESS	2207 RIVER BRANCH DRIVE	1.3 STREET ADDRESS	5145 WATER LILY WAY
CITY-ST-ZIP	FT. PIERCE FL 34981	1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34981
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAYTON, PAUL	2.2 NAME	DON SKINNER
STREET ADDRESS	5145 TURTLE CREEK PLACE	2.3 STREET ADDRESS	2409 RIVER BRANCH DR.
CITY-ST-ZIP	FT. PIERCE FL 34981	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34981
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLOGG, LOIS P.	3.2 NAME	TOM WARE
STREET ADDRESS	5148 WATERSIDE WAY	3.3 STREET ADDRESS	8006 BANYAN ST
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE FL 34981
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARONGE, BARBARA	4.2 NAME	
STREET ADDRESS	688 DEGAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIGHAM, GARY	5.2 NAME	
STREET ADDRESS	2303 RIVER BRANCH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia Hollett* **CYNTHIA HOLLETT** **5-15-96** **407-468-4435**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)