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 APR -6 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33555** **(6)**

1. Corporation Name

THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O PROFESSIONALLY YOURS, INC. 1342 SE 46 LN #3 CAPE CORAL FL 33904 US	C/O PROFESSIONALLY YOURS, INC. PO BOX 831 CAPE CORAL FL 33910 US

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0344134 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OLSON, BARBARA
PROFESSIONALLY YOURS, INC.
1342 SE 46 LN #3
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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	~~DP~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~MYBERG, ROBERT~~	12 NAME	KELLAM, NELSON	
STREET ADDRESS	~~4019 SE 20 PL 6504~~	13 STREET ADDRESS	4019 SE 20TH PLACE 604	
CITY-ST-ZIP	~~CAPE CORAL FL~~	14 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	~~DV~~	21 TITLE	D	☒ Change ☐ Addition
NAME	~~KELLUM, NELSON~~	22 NAME	PETERSON, CORDELL	
STREET ADDRESS	~~4019 SE 20 PL 6604~~	23 STREET ADDRESS	4019 SE 20TH PLACE 603	
CITY-ST-ZIP	~~CAPE CORAL FL~~	24 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	~~KUZMA, CHARLOTTE~~	32 NAME	KUZMA, TOM	
STREET ADDRESS	4019 SE 20 PL S701	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	~~TRELLI, FREDERICK~~	42 NAME	MILES, CONNIE	
STREET ADDRESS	~~4019 SE 20 PL 6402~~	43 STREET ADDRESS	4019 SE 20TH PLACE 702	
CITY-ST-ZIP	~~CAPE CORAL FL~~	44 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	~~D~~	51 TITLE	VPD	☒ Change ☐ Addition
NAME	MCNAIR, JACK	52 NAME		
STREET ADDRESS	4019 SE 20 PL S403	53 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Nelson B Kellam 3.31.95 813.549.9817
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0016314