

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 # N33555 (6)
1. Corporation Name
THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O PROFESSIONALLY YOURS, INC. 1342 SE 46 LN #3 CAPE CORAL FL 33904 US
Mailing Address: 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: **04/06/1995**
4. FEI Number: **65-0344134**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) 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, 85 Zip Code (FL)

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: _____ 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: PD NAME: KELLAM, NELSON STREET ADDRESS: 4019 SE 20TH PLACE 604 CITY-ST-ZIP: CAPE CORAL FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PETERSON, CORDELL STREET ADDRESS: 4019 SE 20TH PLACE 603 CITY-ST-ZIP: CAPE CORAL FL	<input type="checkbox"/> DELETE	2.1 TITLE: SD 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KUZMA, TOM STREET ADDRESS: 4019 SE 20 PL S701 CITY-ST-ZIP: CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: HODES, STUART 3.3 STREET ADDRESS: 4019 SE 20TH PLACE 703 3.4 CITY-ST-ZIP: CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: MILES, CONNIE STREET ADDRESS: 4019 SE 20TH PLACE 702 CITY-ST-ZIP: CAPE CORAL FL	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MCNAIR, JACK STREET ADDRESS: 4019 SE 20 PL S403 CITY-ST-ZIP: CAPE CORAL FL	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Nelson B. Kellam* Date: _____ Daytime Phone #: _____

CR2E037 (12/95)