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FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33910-0831 US
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3. Date Incorporated or Qualified 08/02/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0344134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLAM, NELSON	
STREET ADDRESS	4019 SE 20TH PLACE 604	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERSON, CORDELL	
STREET ADDRESS	4019 SE 20TH PLACE 603	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HODES, STUART	
STREET ADDRESS	4019 SE 20TH PLACE 703	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILES, CONNIE	
STREET ADDRESS	4019 SE 20TH PLACE 702	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCNAIR, JACK	
STREET ADDRESS	4019 SE 20 PL #403	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Connie Miles REQUIRED 4/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056477

CR2E037 (9/96)