

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



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

3. Date Incorporated or Qualified  
**08/02/1989**

4. FEI Number  
**65-0344134**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | KELLAM, NELSON         |                                 |
| STREET ADDRESS | 4019 SE 20TH PLACE 804 |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL          |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | PETERSON, CORDELL      |                                 |
| STREET ADDRESS | 4019 SE 20TH PLACE 803 |                                 |
| 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           | MCHAIR, JACK           |                                 |
| STREET ADDRESS | 4019 SE 20 PL S403     |                                 |
| 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 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: *Nelson Kellam*

CR2E037 (10/97)