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Feb 03 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 # **N34223** (0)

1. Corporation Name

RIVERLAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3260-73RD ST.
VERO BEACH FL 32967****3260-73RD ST.
VERO BEACH FL 32967-5727**3. Date Incorporated or Qualified
09/14/19893a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 **3285 73rd PLAC**26 **3285 73rd PLAC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **VERO BEACH, FLORIDA**27 **VERO BEACH, FLORIDA**

City & State

City & State

23 **32967 USA**28 **32967 USA**

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0152646

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

10. Name and Address of New Registered Agent

**RAYMOND, PIERRE
7340 33RD AVENUE
VERO BEACH FL 32967**81 Name **RAMMIND, PIERRE**82 Street Address (P.O. Box Number is Not Acceptable)
3285 73rd PLAC83 **VERO BEACH**

84 City

FL

85 Zip Code

32967

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

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	TD	<input type="checkbox"/> DELETE
NAME	RAYMOND, PIERRE	
STREET ADDRESS	7340 33RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAXTER, JACK A JR	
STREET ADDRESS	4530 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	THOMAS, PHYLLIS	
STREET ADDRESS	7340 33RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 (561) 778-0830
Date Daytime Phone # 0021033

CR2E037 (9/96)