	FILE NOW: FII	ADDROLLED		
NONPROFIT FLORIDA DEPA			RTMENT OF STATE	APPROVED . AND
ANNUAL DEPORT			& Morbain ary of State	' → FILED
			CORSONATIONS	96 NOV -6 PH 12: 01
DOCUMENT # N37739 (2)			**	SECRETARY OF STATE TALLAHASSEE. FLORIDA
RIVERVIEW MANOR HOMEOWNERS' ASSOCIATION, INC.				TALLAHASSEE. FLORIDA
				1201/147
Principal Place of Business Mailing Address P O BOX 10831-1031 P O BOX 10832		Mailing Address P O BOX 10831-1031		- restrict, see that restricted title salt stats sight pick pick gibli 9101/9101/9101/165/
SARASOTA FL. BARRO		-1924 FRUITVILLE ROAD- SARASOTA FL. 24096-		
US		US		3. Date Incorporated or Qualified 3a. Date of Last Recort 04/18/1990 05/01/1995
2. Principal 21	Place of Business	2a. Mailing Address 26 P.O. Box	8031-1000	4. FEI Number Applied For Applied For
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	DOD! HOW!	5. Certificate of Status Desired \$8.75 Additional
City & St	ale	City & State	PL	Fee Required 6. Election Campaign Financing
Zip	Country 25	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
551	9. Name and Address of Curre		30	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent
VALENTICH, MICHAEL A 81 Name DOUGLAS, MAGAN H				
2486 WATERMEW CT SARASOTA FL 34231 82 Street Address P.O. Box Nymber is Not Acceptable) 83 Street Address P.O. Box Nymber is Not Acceptable)				
84 City SARASOTA EL 85 ZO COM-1				
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 familiar with, and accept the obligations of Section 617.0503, Florida Statutes.				
12.	Staneture, typed or printed name or registered ages OFFICERS AN	D DIRECTORS	Registered Agent signature requi	## when rehetating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	VALENTICH, MICHAEL A	DEFELE	1.1 TITLE	
STREET ADDRESS	P O BOX 10831-1031		1.2 NAME 1.3 STREET ADDRESS	GARRETT MICHAEL Change Addition 2
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-SY-ZIP	SALASOTA, FL39231
NAME	GARRETT, MICHAEL	DELETE	2.1 TITLE 2.2 NAME	Change Addition
STREET ADDRESS	P 0 BOX 10831-1031		2.3 STREET ADDRESS	MAGUAL, DOUGLAS
CITY-ST-ZIP TITLE	SARASOTA FL	□ DELETE	2 4 CITY-ST-ZIP	500550to F (3473/
NAME	MAGLICH, DOUGLAS	Pottere	3.1 TITLE 3.2 NAME	VACENTICH, MICHAEL Change Addition
STREET ADDRESS	P O BOX 10831-1031 SARASOTA FL		3.3 STREET ADDRESS	2486 waterview Ct
CITY-ST-ZIP TITLE	ONINOUINTE	DELETE	3.4. CITY-ST-ZIP	Sacusota Fl. 39231
NAME		Coccest	4.1 TITLE	800002001808—3
STREET ADDRESS			4.3 STREET ADDRESS	-11/12/9601024010
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	*****61.25 *****61.25
NAME		Florreig	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP	
NAME		DELETE	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP	J			
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 the comparation or the receiver or trustee empowered to execute this report as required the Chapter 617. Florida Statutes.				
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. Fluring 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				
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR DIR				