

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>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 # **N37847** (3)

1. Corporation Name  
**RIVER FALLS ESTATES ASSOC., INC.**

|                                                                                                 |                                                                                     |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>POST OFFICE BOX 1611<br/>COCOA BEACH FL 32932-1611<br/>US</b> | Mailing Address<br><b>POST OFFICE BOX 1611<br/>COCOA BEACH FL 32932-1611<br/>US</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/23/1990</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-3016022</b>                     |                                                        |

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

|                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                            |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                         |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**IRVIN, J. PAUL  
63 RIVER FALLS DR  
COCOA BEACH FL 32931**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>MORRIS, PAUL COL</b><br><b>30 RIVER FALLS DR</b><br><b>COCOA BEACH FL</b><br><input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br><b>DEL FAVERO, DANIEL J</b><br><b>15 RIVER FALLS DR</b><br><b>COCOA BEACH FL</b><br><input type="checkbox"/> DELETE        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br><b>IRVIN, J. PAUL</b><br><b>5801 N. ATLANTIC AVE.</b><br><b>CAPE CANAVERAL FL</b><br><input type="checkbox"/> DELETE      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                           |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br><b>INGA MORRIS</b><br><b>← SAME</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |

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: IRVIN, J. PAUL **SIGNATURE REQUIRED** 1-5-98 407 783 4296

CR2E037 (10/97)