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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

'	1998	View I	DIVISION C	OF CORPORATION	ONS	_ Secret	arv o	f Sta	ate
DOCUI 1. Corporation	MENT n Name	# N378 4	17 (3)				lary O.	Lou	acc
RIVER FALLS ESTATES ASSOC., INC.									
Principal Place of Business Mailing Address								i e feli oldu e	
POST OFFICE BOX 1611 POST OFFICE BOX 1611						2. Data leasurerated or Ou	-tield		
COCOA BEACH FL 32932-1611 COCOA BEACH			GOCOA BEACH FL 3290			3. Date Incorporated or Qui	alitied		-
US			US			4. FEI Number		A	pplied For
· · · · · · · · · · · · · · · · · ·						59-3016022		N	ot Applicable
- '			2a. Mailing Address	ng Address		5. Certificate of Status Desir	red 🗌		Additional
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			26[Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Finan	oina	\$5.00	equired May Bo
22 27					Trust Fund Contribution		Added to		
City & State	=		City & State	 			7. Is this nonprofit corporation a homeowners association? Yes No		
Zip		Country	Zip	Country	,	8. This corporation owes or			tangible
24		25	29	30		Personal Property Tax du	e June 30. 🔽	Yes [No
	9. Name	and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of N	ew Registered A	gent	<u> </u>
IRVIN, J.	DAI IJ					11 /m A m Novel and A best A c			
	R FALLS D)R		82	Street Ad	ddress (P.O. Box Number is Not Ac	ceptable)		
	BEACH FL			83					
				84	City		FL	85 Zip	Code
42	o the provis								
11. Pursuant t	o me brove	sions of Sections 617,050	02 and 617.1508, Florida Sta	tutes, the above	e-named co	orporation submits this statement to	or the purpose of	changing it	ts registered
office or re agent. I ar	egistered ag m familiar w	sions of Sections 617.050 gent, or both, in the State ith, and accept the oblig	02 and 617.1508, Florida Sta e of Florida. Such change wa jations of, Section 617.0503,	tutes, the above is authorized by Florida Statutes	e-named co the corpo s.	orporation submits this statement to ration's board of directors. I hereby	or the purpose of accept the appo	changing it Intment as	ts registered registered
SIGNATURE _								changing it intment as	ts registered registered
SIGNATURE _		d or printed name of registered ag	gent and title if applicable. (N	NOTE: Registered Age		quired when reinstating)	DATE		
SIGNATURE _		d or printed name of registered ag			ant signature re		DATE OFFICERS AND		
SIGNATURE _	Stgnature, types PD MORRIS	d or printed name of registered ag OFFICERS AN 3 , PAUL CO L	ent and title if applicable. (ND DIRECTORS	NOTE: Registered Age	ant signature re	quired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTOR	RS IN 12
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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:

FILED

Jan 15 1998 8:00am

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