

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90013 037 ****61.25

DOCUMENT # N37847

1. Corporation Name

RIVER FALLS ESTATES ASSOC., INC.

Principal Place of Business

POST OFFICE BOX 1611
COCOA BEACH FL 32932-1611
US

Mailing Address

POST OFFICE BOX 1611
COCOA BEACH FL 32932-1611
US



* 6 603421 3 90013 - 37 1 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/23/1990

4. FEI Number

59-3016022

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

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

Inge Mouris

82 Street Address (P.O. Box Number is Not Acceptable)

30 River Falls Drive

83

Cocoa Beach

84 City

FL

85 Zip Code
32931

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

Inge Mouris

31 July 1999

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, INGA
STREET ADDRESS 30 RIVER FALLS DR
CITY-ST-ZIP COCOA BEACH FL

DELETE

TITLE VD
NAME DEL FAVERO, DANIEL J
STREET ADDRESS 15 RIVER FALLS DR
CITY-ST-ZIP COCOA BEACH FL

DELETE

TITLE STD
NAME IRVIN, J. PAUL
STREET ADDRESS 5801 N. ATLANTIC AVE.
CITY-ST-ZIP CAPE CANAVERAL FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Lyn Clews
8 River Falls Drive
Cocoa Beach, FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 July 1999 (407) 783-6509

Date

Daytime Phone #

CR2E037 (5/99)