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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000714 (6)

1. Corporation Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC



Principal Place of Business

Mailing Address

208 COUNTY ROAD 309
CRESCENT CITY FL 32112P O BOX 426
WELAKA FL 32183-04263. Date Incorporated or Qualified
01/15/19923a. Date of Last Report
04/12/19964. FEI Number
59-3108001Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EBERT, ROBERT
STAR RT., 2, BOX 318
118 LUDWIG AVE
CRESCENT CITY FL 32112

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

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 PD ☐ DELETE
NAME EBERT, ROBERT
STREET ADDRESS STAR RT., 2, BOX 318 118 Ludwig
CITY-ST-ZIP CRESCENT CITY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME EBERHARDT, HARRY
STREET ADDRESS P. O. BOX 472, 119 GOLF COURSE ST
CITY-ST-ZIP GEORGETOWN FL2.1 TITLE T/D ☐ Change ☒ Addition
2.2 NAME Jerry L. Sams
2.3 STREET ADDRESS Star Rt. 2 Box 134 118 Virginia St.
2.4 CITY-ST-ZIP Crescent City FL 32112TITLE D ☐ DELETE
NAME WALTER C ROZAR
STREET ADDRESS P. O. BOX 145, 204 FLORIDA LA
CITY-ST-ZIP GEORGETOWN FL3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Jeanette S. Johnson
3.3 STREET ADDRESS Star Rt 2 Box 138A 137 Virginia St.
3.4 CITY-ST-ZIP Crescent City FL 32112TITLE D ☒ DELETE
NAME GODDARD, JUANITA
STREET ADDRESS STAR RT., 2, BOX 383B
CITY-ST-ZIP CRESCENT CITY FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Marilyn Miller
4.3 STREET ADDRESS Star Rt.2 Box 363A 113 Golf Course
4.4 CITY-ST-ZIP Crescent City FL 32112 St.TITLE D ☐ DELETE
NAME RAINS, GEORGE JACK
STREET ADDRESS STAR RT 22 BOX 149 101 Ohio St.
CITY-ST-ZIP CRESCENT CITY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME PIDGEON, MARY CATHERINE
STREET ADDRESS STAR ROUTE 2, BOX 380F
CITY-ST-ZIP CRESCENT CITY FL6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Rose Nebcour
6.3 STREET ADDRESS Star Rt.2 Box 185-A 98 Georgia Ave.
6.4 CITY-ST-ZIP Crescent City FL 32112

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

Harry Eberhardt, V.P.

2-27-97

904-467-9113

CR2E037 (9/96)