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Feb 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

1208 COUNTY ROAD 309
CRESCENT CITY FL 32112

Mailing Address

P O BOX 426
WELAKA FL 32193



3. Date Incorporated or Qualified

01/15/1992

4. FEI Number

59-3108001

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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
CITY-ST-ZIP CRESCENT CITY FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ROBERT HUNTER
1.3 STREET ADDRESS SR 2 BOX 207A 113 FLORIDA LANE
1.4 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE TD ☐ DELETE
NAME JERRY L SAMS
STREET ADDRESS STAR RT 2 BOX 134 118 VIRGINIA ST
CITY-ST-ZIP CRESCENT CITY FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME HARRY EBERHARDT
2.3 STREET ADDRESS PO BOX 472 119 GOLF COURSE ST.
2.4 CITY-ST-ZIP GEORGETOWN FL 32139

TITLE S ☐ DELETE
NAME JEANETTE S JOHNSON
STREET ADDRESS STAR RT 2 BOX 138A 137 VIRGINIA ST
CITY-ST-ZIP CRESCENT CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MARILYN MILLER
STREET ADDRESS STAR RT 2 BOX 383A 113 GOLF COURSE ST
CITY-ST-ZIP CRESCENT CITY FL

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME MARILYN MILLER
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME RAINS, GEORGE JACK
STREET ADDRESS STAR TR 22 BOX 149 101 OHIO ST
CITY-ST-ZIP CRESCENT CITY FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME KEN PARKER
5.3 STREET ADDRESS PO BOX 1086 129 PALM DR.
5.4 CITY-ST-ZIP WELAKA FL 32193

TITLE D ☒ DELETE
NAME ROSE NEBOUR
STREET ADDRESS STAR RT 2 BOX 185A 98 GEORGIA AVE
CITY-ST-ZIP CRESCENT CITY FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME JEAN KOEHLER
6.3 STREET ADDRESS SR 2 BOX 364 114 GOLF COURSE ST.
6.4 CITY-ST-ZIP CRESCENT CITY FL 32112

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

ROBERT EBERT, PD 1 22 92

904-467-9113

CR2E037 (10/97)