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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000000714

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



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

3. Date Incorporated or Qualified

01/15/1992

4. FEI Number

59-3108001

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **EBERT, ROBERT**
STREET ADDRESS **STAR RT., 2, BOX 318**
CITY-ST-ZIP **CRESCENT CITY FL**

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

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

TITLE **VD** ☐ DELETE
NAME **MARILYN MILLER**
STREET ADDRESS **STAR RT 2 BOX 363A 113 GOLF COURSE ST**
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE **D** ☐ DELETE
NAME **HUNTER, ROBERT**
STREET ADDRESS **SR 2 BOX 207A 113 FLORIDA LANE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ DELETE
NAME **PARKER, KEN**
STREET ADDRESS **PO BOX 1086 129 PALM DR.**
CITY-ST-ZIP **WELAKA FL 32193**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JEAN KOEHLER**
1.3 STREET ADDRESS **SR 2 BOX 364 114 GOLF COURSE ST.**
1.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **RICHARD C. HACKETT**
2.3 STREET ADDRESS **SR 2 BOX 372-A 103 DOUGLAS ST.**
2.4 CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT EBERT 1-26-99

904-467-9113

Date

Daytime Phone #

CR2E037 (11/98)