2-3-91

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N95000003066 (6)

THE RIVERS BOAT BASIN PROPERTY OWNERS ASSOCIATIO N, INC.

Principal Place of Business

Mailing Address

CACH OF ARTH CTOFF

FILED Feb 03 1997 8:00am Secretary of State



Suite, Apt #, etc. 22 City & State 23 City & State 29 29 30 Country 20 29 30 Shift Apd # etc. 20 Country 20 20 20 30 Shift Apd # etc. 21 20 30 Shift Apd # etc. 22 Country 24 25 30 Shift Applies to Country Shift Applies	CAPE CORAL		CAPE CORAL FL 3390					
Solve, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc.						3. Date Incorporated or Qualified 06/26/1995	3a. Date of 07/0	Last Report)2/1996
Suffe, Apl. #, etc. Suffe, Apl. #, etc.	2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	[Applied For
City & State	21							Not Applicable
Zp	Suite, Apt. #, etc.		h	- 		5. Certificate of Status Desired		
Zip Country Zip So 30 So This corporation has liability for intenglicit as under s. 199.032, 25 25 29 30 So So So So So So So S	City & Sta	ale	— ·	- n '		, -		
Name and Address of Current Registered Agent String Street Address (P.O. Box Number is Not Acceptable)		<u> </u>		├ ──┐	try .	_ l		
KIRBY, LARRY 1417 SE 47TH STREET CAPE CORAL FL 33904 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent at marinalize with, and accept the obligations of, Section 617 0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent at marinalize with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE Signitur, leged of printed varies of registered agent and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE Signitur, leged of printed varies of registered agent and still it specietable. PD		9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
## CAPE CORAL FL 33904 Set City FL Set Zer Doods				8	1 Name			
CAPE CORAL FL 33904 83	KIRBY,	LARRY		1	Street Add	iress (P.O. Box Number is Not Acceptab	le)	·
The provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, or both in the State of Friorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent a ran familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12.					12		<u> </u>	·
I. 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 agent. I am familiar with, and accept the obligations of, Section 617 0503. Floridas Statutes, the above-named corporation's board of directors. I hereby accept the eppointment as registered agent and familiar with, and accept the obligations of, Section 617 0503. Floridas Statutes SIGNATURE	CAPE (CORAL FL 33904		[*				
11. Piezuant to The provisions of Sections 617 0502 and 617 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617/0503, Florida Statutes. SIGNATURE				8	4 City		FI 85	Zip Code
### Brailler Willin, and accept the obligations of, Section 617.0503, Florida Statutes. Signature	11. Pursuan	t to the provisions of Sections 617.0	0502 and 617 1508, Florida S	tatutes, the abo	ove-named cor	poration submits this statement for the p		ging Its registered
SIGNATURE	office or agent 1	registered agent, or both, in the Staam familiar with, and accept the ob-	ate of Florida. Such change villagions of Section 617 0503	vas authorized 3. Florida Statut	by the corporates.	ation's board of directors. I hereby accep	t the appointm	ent as registered
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TITLE		Signature, typied of printed name of registered			Agent signature requ			
NAME KIRBY, LYNN A 12 12 12 14 17 15 14 17 14 14 15 14 14 14 14 14						ADDITIONS/CHANGES TO OFFIC		
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CAPE CORAL FL 33904								
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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 for on an attachment with an address.