

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000003531 (8)**  
1. Corporation Name  
**CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.**



Principal Place of Business <b>18721 SW 108 STREET DUNNELLON FL 34432</b>	Mailing Address <b>P O BOX 817 DUNNELLON FL 34430-0817</b>
--	---

3. Date Incorporated or Qualified <b>07/03/1996</b>		3a. Date of Last Report	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0685545</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**FISHER, CARMEN M**  
**18721 SW 108 STREET**  
**DUNNELLON FL 34432**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIRLEY SEREDA</b>		1.2 NAME <b>AMALIA PHILLIPS</b>	
STREET ADDRESS <b>18860 SW 110 PLACE</b>		1.3 STREET ADDRESS <b>18840 SW 110 PLACE</b>	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		1.4 CITY-ST-ZIP <b>DUNNELLON FL 34432</b>	
TITLE <b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAIL KARPOWICH</b>		2.2 NAME	
STREET ADDRESS <b>18758 SW 108 STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		2.4 CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARMEN FISHER</b>		3.2 NAME	
STREET ADDRESS <b>18721 SW 108 STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		3.4 CITY-ST-ZIP	
TITLE <b>TREASURER</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRACE BURKS</b>		4.2 NAME	
STREET ADDRESS <b>11190 SW 186 CIRCLE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRY REISEN</b>		5.2 NAME	
STREET ADDRESS <b>10943 189 TERRACE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAMES HEGEDUS</b>		6.2 NAME	
STREET ADDRESS <b>10971 SW 189 TERRACE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34432</b>		6.4 CITY-ST-ZIP	

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: GRACE BURKS *Grace Burks* 4-28-97 352-489-2580

CR2E037 (9/96)