

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 617 DUNNELLON FL 34430</b>
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3. Date Incorporated or Qualified <b>07/03/1996</b>
4. FEI Number <b>65-0685545</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FISHER, CARMEN M 18721 SW 108 STREET DUNNELLON FL 34432</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>SHIRLEY SEREDA</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>18860 SW 110 PLACE</b>	
83	
84 City <b>DUNNELLON</b>	85 Zip Code <b>FL 34432</b>

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]* DATE: **4-20-98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>P</b>	NAME <b>SEREDA, SHIRLEY</b>	<input type="checkbox"/>
STREET ADDRESS <b>18860 SW 110 PLACE</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	
TITLE <b>VP</b>	NAME <b>KARPOWICH, GAIL</b>	<input type="checkbox"/>
STREET ADDRESS <b>18758 SW 108 ST</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	
TITLE <b>S</b>	NAME <b>FISHER, CARMEN</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>18721 SW 108 ST</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	
TITLE <b>T</b>	NAME <b>BURKS, GRACE</b>	<input type="checkbox"/>
STREET ADDRESS <b>11190 SW 186 CIRCLE</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	
TITLE <b>D</b>	NAME <b>REISEN, HARRY</b>	<input type="checkbox"/>
STREET ADDRESS <b>10643 189 TERRACE</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	
TITLE <b>D</b>	NAME <b>HEGEDUS, JAMES</b>	<input type="checkbox"/>
STREET ADDRESS <b>10671 SW 189 TERRACE</b>	CITY - ST - ZIP <b>DUNNELLON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/>
3.2 NAME	<b>NANCY CONVERSE</b>	
3.3 STREET ADDRESS	<b>11075 SW 186 CIRCLE</b>	
3.4 CITY - ST - ZIP	<b>DUNNELLON FL 34432</b>	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
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.

SIGNATURE: *[Signature]* **GRACE BURKS** DATE: **4-20-98** **352-489-2580**

CR2E037 (10/97)