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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000003531

1. Corporation Name

CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.

Principal Place of Business

18721 SW 108 STREET
 DUNNELLO FL 34432

Mailing Address

P O BOX 817
 DUNNELLO FL 34430



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

65-0685545

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

SEREDA, SHIRLEY
 18860 SW 110 PL
 DUNNELLO FL 34432

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

Shirley Sereda

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

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P SEREDA, SHIRLEY**
 STREET ADDRESS **18860 SW 110 PLACE**
 CITY-ST-ZIP **DUNNELLO FL**

TITLE DELETE
 NAME **VP KARPOWICH, GAIL**
 STREET ADDRESS **18758 SW 108 ST**
 CITY-ST-ZIP **DUNNELLO FL**

TITLE DELETE
 NAME **S CONVERSE, NANCY**
 STREET ADDRESS **11075 SW 186 CIR**
 CITY-ST-ZIP **DUNNELLO FL 34432**

TITLE DELETE
 NAME **T BURKS, GRACE**
 STREET ADDRESS **11190 SW 186 CIRCLE**
 CITY-ST-ZIP **DUNNELLO FL**

TITLE DELETE
 NAME **D REISEN, HARRY**
 STREET ADDRESS **10943 189 TERRACE**
 CITY-ST-ZIP **DUNNELLO FL**

TITLE DELETE
 NAME **D HEGEDUS, JAMES**
 STREET ADDRESS **10971 SW 189 TERRACE**
 CITY-ST-ZIP **DUNNELLO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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:

Grace Burks **GRACE BURKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

DATE

352-489-2580

Daytime Phone #

CR2E037 (11/98)