FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003531

1. Corporation Name

CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90140 049 ****61.25

Principal Place of Business Mailing Address							#c 11 0 c 1 0 01
18721 SW 108 STREET P O BOX 817							
DUNNELLON FL 34432 DUNNELLON FL 34430							JI
					-	_	
Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
21 26					07/03/1996		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		lied For
22 27					65-0685545		Applicable
City & State City & State					Fee Re	dditional	
23	28		Country				
Žip —			Journary		1	o.uu kdded t	•
24	25		$\overline{}$		10. Name and Address of New Registered Agen		7.000
	Name and Address of Current	r izaBisraian wilaiir	81	Name			
					A STATE OF THE STA	~	** * * * * * * * * * * * * * * * * * *
SEREDA, SHIRLEY			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
18860 SW 110 PL			83			-	
DUNNELL	ON FL 34432					<u>م</u>	
			84	City	FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statutes, th	e abov	s-riamed corpo	ration submits this statement for the purpose of changes board of directors. I hereby accept the appointment	jing its	registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was author	zed by	the corporation	rs togard of directors. I hereby accept the appointmen	it as reg	istered
		•	- Lancino	7 <u>7</u> 22	< 1-19-9	19,	
SIGNATURE	Signature, typed or printed name of registered agent		tered Ager	t signature required	when reinstaung) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE	P	☐ DELETE 1	.1 TITLE			hange	☐ Addition
NAME	SEREDA, SHIRLEY	1	.2 NAME				
STREET ADDRESS	18860 SW 110 PLACE	1	.3 STREET	ADDRESS			Ì
CITY-ST-ZIP	DUNNELLON FL		4 CITY-S	T-ZIP			7-1 A 1 PC
TITLE	VP .	☐ DELETE 2	1.1 TITLE			change	Addition
NAME	KARPOWICH, GAIL						
STREET ADDRESS	18758 SW 108 ST 23S		3 STREE	ADDRESS			}
CITY-ST-ZIP	70111122201112		2.4 CITY-5	T-ZIP		·	CT Addition
TITLE	S □ DELETE 3.1 T		3.1 TITLE		П	Change	☐ Addition
NAME	CONTENDE, MANO		3.2 NAME				
STREET ADDRESS	11073 011 100 0111		3.3 STREE	F ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432			T-ZIP		`han==	□ Addision
TITLE	T	_	I.1 TITLE		f) (Change	Addition
NAME	BURKS, GRACE	4	I. 2 NAME				Ì
STREET ADDRESS	11190 SW 186 CIRCLE	4	1.3 STREE	ADDRESS			
CITY-ST-ZIP	DUNNELLON FL			T-ZIP			
TITLE	D	DELETE 5.1 π			П	Change	☐ Addition
NAME	REISEN, HARRY		5.2 NAME		•		
STREET ADDRESS	10943 189 TERRACE			TADORESS			
CITY-ST-ZIP	DUNNELLON FL		5.4 CITY-S	T-ZIP			
TITLE	D		S.1 TITLE			Change	☐ Addition
NAME	HEGEDUS, JAMES	į e	6.2 NAMÉ				
{ ·							
STREET ADDRESS	10971 SW 189 TERRACE		3.3 STREE	TADDRESS			

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:

MAZICOLAMUTES REGRACER BURK

IGHATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-19-99 352-489-2580