

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. ... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003947 (6)**

1. Corporation Name
RIVERLAND VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business % LISA MUGGEO 3140 S.W. 16TH ST. FT. LAUDERDALE FL 33312	Mailing Address % LISA MUGGEO 3140 S.W. 16TH ST. FT. LAUDERDALE FL 33312-3710
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3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

- MUGGEO, LISA
- 3140 S.W. 16TH STREET
- FT. LAUDERDALE FL 33312

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Muggo	1.2 NAME	Robert Azmitia
STREET ADDRESS	3140 SW 16th St Ft. Laud. FL 33312	1.3 STREET ADDRESS	3391 SW 20 COURT Ft. Laud. FL 33312
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Norman Danzis <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Schiano	2.2 NAME	Director
STREET ADDRESS	3450 SW 17 St. Ft. Laud. FL 33312	2.3 STREET ADDRESS	1640 SW 33 Ave. Ft. Laud. FL 33312
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcia Militello	3.2 NAME	Craig Christopher
STREET ADDRESS	3304 SW 14 St. Ft. Laud. FL 33312	3.3 STREET ADDRESS	2316 SW 35 Ave. Ft. Laud. FL 33312
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	Lee Knight	4.2 NAME	
STREET ADDRESS	3311 SW 20 Ct. Ft. Laud. FL 33312	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	Bill Kushner	5.2 NAME	
STREET ADDRESS	3200 SW 16 St. Ft. Laud. FL 33312	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Michelle Melody	6.2 NAME	
STREET ADDRESS	3160 SW 16 St. Ft. Laud. FL 33312	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: *Lisa Muggo* **Lisa Muggo** 4/16/97 (954) 587-0149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036176

CR2E037 (9/96)