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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003947 (6)

1. Corporation Name
RIVERLAND VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address

% LISA MUGGEO
3140 S.W. 16TH ST.
FT. LAUDERDALE FL 33312

% LISA MUGGEO
3140 S.W. 16TH ST.
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified
07/29/1996

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUGGEO, LISA | 1.2 NAME | |
| STREET ADDRESS | 3140 SW 16 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAMP, MART | 2.2 NAME | Mary Schiano |
| STREET ADDRESS | 3450 SW 17 ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILITELLO, MARCIA | 3.2 NAME | Robert Armitia |
| STREET ADDRESS | 3304 SW 14 ST | 3.3 STREET ADDRESS | 3391 SW 20th CT. |
| CITY-ST-ZIP | FT LAUDERDALE FL | 3.4 CITY-ST-ZIP | FT. Laud, FL. 33312 |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, LEE | 4.2 NAME | |
| STREET ADDRESS | 3311 SW 20 CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUSERIER, BILL | 5.2 NAME | |
| STREET ADDRESS | 3200 SW 16 ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELODY, MICHELLE | 6.2 NAME | |
| STREET ADDRESS | 3180 SW 16 ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 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 Lisa C. Muggio Lisa C. Muggio 4/29/98 587-2149 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036489

CR2E037 (10/97)