

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90003 045 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

DOCUMENT # *N96000003947 Active NON-PROF*

1. Corporation Name  
*Riverland Village Civic Assoc. INC.*

Principal Place of Business Mailing Address  
*% Lisa Muggéo*  
*3140 SW 16 ST*  
*FT. Laud., FL. 33312*

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21	2. Principal Place of Business <i>Lisa Muggéo</i>	2a. Mailing Address <i>3140 SW 16 ST</i>	3. Date Incorporated or Qualified <i>7/29/96</i>
22	Suite, Apt. #, etc. <i>3140 SW 16 ST</i>	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23	City & State <i>FT. Lauderdale, FL</i>	City & State <i>FT. Laud., FL</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip <i>33312</i>	Country <i>USA</i>	29
25	Country <i>USA</i>	30	Country <i>USA</i>
26	Zip <i>33312</i>	Country <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <i>Robert Armitia T</i> <i>3391 SW 20 CT</i> <i>FT. Laud., FL. 33312</i>		10. Name and Address of New Registered Agent	
81	Name	83	
82	Street Address (P.O. Box Number is Not Acceptable)	84	City
		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 *Robert Armitia T* *Armitia* DATE *4/30/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>P</i>	<i>MUGGEO, LISA</i> <input type="checkbox"/> DELETE <i>3140 SW 16 ST</i> <i>FT. Laud., FL. 33312 (D)</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SCHIAND, M</i> <input type="checkbox"/> DELETE <i>3450 SW 17 ST (T)</i> <i>FT. Lauderdale, FL. 33312</i>	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>Armitia, Robert</i> <input type="checkbox"/> DELETE <i>3391 SW 20 CT</i> <i>FT. Laud., FL. 33312 (D)</i>	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<i>KNIGHT, LEE</i> <input type="checkbox"/> DELETE <i>3311 SW 20 CT</i> <i>FT. Laud., FL. 33312 (D)</i>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>KUSHERIER, BILL</i> <input type="checkbox"/> DELETE <i>3200 SW 16 ST (T)</i> <i>FT. Laud., FL. 33312</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>MELODY, Michelle</i> <input type="checkbox"/> DELETE <i>3160 SW 16 ST (T)</i> <i>FT. Laud., FL. 33312</i>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Armitia* DATE *4/30/99* 954-325-0418  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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