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Aug 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N9600004950  
1. Corporation Name  
RIVER MOORINGS OWNERS ASSOCIATION INC

Principal Place of Business Mailing Address  
450 RIVER MOORINGS DR  
MERRITT ISLAND FL 32953

2. Principal Place of Business 2a. Mailing Address  
21 470 RIVER MOORINGS DR 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State City & State  
23 MERRITT ISLAND, FL 28  
Zip Country Zip Country  
24 32953 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
9/03/96  
4. FEI Number 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
JOSEPH E DE LEO  
1900 MICHIGAN AVE  
COCOA, FLORIDA 32923

10. Name and Address of New Registered Agent  
81 Name ANDREW W. MENYHART  
82 Street Address (P.O. Box Number is Not Acceptable) 180 McLEOD ST  
83 MERRITT ISLAND, FL 32953  
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]* ANDREW W. MENYHART, ESQUIRE 8/1/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	POUL HEIDG	
STREET ADDRESS	450 RIVER MOORINGS DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	CABL ROSS	
STREET ADDRESS	PO BOX 2815	
CITY-ST-ZIP	VERO BEACH, FL 32961-2815	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	HENRY BURSIAN	
STREET ADDRESS	555 RIVER MOORINGS DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN J. CALLINAN	
1.3 STREET ADDRESS	470 RIVER MOORINGS DR	
1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
2.1 TITLE	SECRETARY S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GENI STAPLES	
2.3 STREET ADDRESS	510 RIVER MOORINGS DR	
2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARYU GOMIL	
3.3 STREET ADDRESS	670 RIVER MOORINGS DR	
3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953 FT/D	
4.1 TITLE	RON PATCHARD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	495 MOHAWK TAIL (VP)	
4.3 STREET ADDRESS	MERRITT ISLAND FL 32953	
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BERNIE HARLAND D	
5.3 STREET ADDRESS	330 CHERRY DRIVE	
5.4 CITY-ST-ZIP	SATEE W/ITE BEACH FL 32937	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002266995	
6.3 STREET ADDRESS	-08/14/97--01040--038	
6.4 CITY-ST-ZIP	***FL 25	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 8/1/97  
DATE  
Daytime Phone #

CR2E037 (9/96)