

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004950 (9)**  
 1. Corporation Name  
**RIVER MOORINGS OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>470 RIVER MOORINGS DRIVE MERRITT ISLAND FL 32953</b>	Mailing Address <b>470 RIVER MOORINGS DRIVE MERRITT ISLAND FL 32953</b>
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3. Date Incorporated or Qualified  
**09/23/1996**

4. FEI Number <b>58-3460156</b>	Applied For
<b>APPLIED FOR</b>	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	28 Zip
24 Country	29 Country
25	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

**MENYHART  
 MEYHART, ANDREW W  
 160 MCLEOD ST.  
 MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CALLINAN, JOHN J</b>	
STREET ADDRESS	<b>470 RIVER MOORINGS DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>STAPLES, GENI</b>	
STREET ADDRESS	<b>510 RIVER MOORINGS DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>GOHIL, SARYU</b>	
STREET ADDRESS	<b>670 RIVER MOORINGS DRIVE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>PRITCHARD, RON</b>	
STREET ADDRESS	<b>405 MOHAWK TRAIL</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>HARLAND, BERNIE</b>	
STREET ADDRESS	<b>330 CHERRY DRIVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>STAPLES, GERI</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Saryu Gohil - SARYU GOHIL* **04-22-98** **407-459-2179**

CR2E037 (10/97)