

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000045583 (8)**  
1. Corporation Name  
**RIVERSBEND UNIT II HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business:  
**11463 SWFIT WATER CIRCLE  
ORLANDO FL 32817**

Mailing Address:  
**11463 SWFIT WATER CIRCLE  
ORLANDO FL 32817-1443**

2. Principal Place of Business:		2a. Mailing Address:	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/07/1995</b>	<b>03/25/1996</b>
4. FEI Number	Applied For
<b>59-3329823</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

**FEUVREL, SIDNEY L JR.  
1520 E. LIVINGSTON STREET  
ORLANDO FL 32803**

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 607.0607 and 607.1008, 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 607.0606, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Name of Signer) \_\_\_\_\_ (Signature of Signer)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTHRIE, KENNETH E JR.</b>	
STREET ADDRESS	<b>11463 SWFIT WATER CIRCLE</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIULIANI, JIM</b>	
STREET ADDRESS	<b>11463 SWFIT WATER CIRCLE</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32817</b>	
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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied will thus and does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

CR2E034 (9/96)