

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 11 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47859** (6)
1. Corporation Name
RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1992	3a. Date of Last Report 04/07/1994
4. FEI Number 59-3111191	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.012 Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**HART, JAMES W. JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434 STE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ROCHESTER, L.C.	1.1 TITLE PD	NAME GASTON, RANDY
STREET ADDRESS 151 SOUTH HALL LANE #230	CITY, ST, ZIP MAITLAND FL	1.3 STREET ADDRESS 1986 RIVER PARK BLVD.	CITY, ST, ZIP ORLANDO FL
TITLE VD	NAME KNIGHT, PAT	2.1 TITLE VD	NAME RUSSELL, MAY
STREET ADDRESS 151 SOUTH HALL LANE #230	CITY, ST, ZIP MAITLAND FL	2.3 STREET ADDRESS 1931 RIVER PARK BLVD.	CITY, ST, ZIP ORLANDO FL
TITLE SD	NAME SMITH, MARO	3.1 TITLE STD	NAME VACLEJO, EDWARD
STREET ADDRESS 151 SOUTH HALL LANE #230	CITY, ST, ZIP ORLANDO FL	3.3 STREET ADDRESS 2005 RIVER PARK BLVD	CITY, ST, ZIP ORLANDO FL
TITLE TD	NAME MATTHEW, KAROLINE	4.1 TITLE	NAME
STREET ADDRESS 151 SOUTH HALL LANE #230	CITY, ST, ZIP ORLANDO FL	4.3 STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	5.3 STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	6.3 STREET ADDRESS	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 *Sandra B. Matham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

679-2002