

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748842 (2)

1. Corporation Name

RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**284 RIVERBEND RD.
ORMOND BEACH FL 32174**

**284 RIVERBEND RD.
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified
09/10/1979

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1567397

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

10. Name and Address of New Registered Agent

**SYLVESTER, KATHY
284 RIVERBEND ROAD
ORMOND BCH FL 32174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLARIDA, JOYCE	
STREET ADDRESS	252 RIVERBEND RD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARIDA, VINCE	
STREET ADDRESS	252 RIVERBEND RD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, RON	
STREET ADDRESS	244 WHIPPOWILL LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRANNON, JOHN	
STREET ADDRESS	208 RIVERBEND RD.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREAVES, JON	
STREET ADDRESS	292 WILDWOOD LN	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEX, JIM	
STREET ADDRESS	251 RIVERBEND RD	
CITY-ST-ZIP	ORMOND BEACH FL	

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MICHAUD, VIVIAN	
13 STREET ADDRESS	240 WHIPPOWILL LANE	
14 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BROOKER, PETER	
23 STREET ADDRESS	288 WILDWOOD LANE	
24 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LEFEVER, YOLANDA	
33 STREET ADDRESS	232 RIVERBEND ROAD	
34 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WHITAKER, DWIGHT	
43 STREET ADDRESS	279 RIVERBEND ROAD	
44 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CLARIDA, VINCE	
53 STREET ADDRESS	252 RIVERBEND ROAD	
54 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MOODY, NITA	
63 STREET ADDRESS	226 TREELINE ROAD	
64 CITY-ST-ZIP	ORMOND BEACH, FL 32174	

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 119.07(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: *Kath Molyneux* Katherine M. Sylvester 1-17-96 904-672-8968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)