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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2180 WEST S.R. 434
SUITE 5000
LONGWOOD FL 32779



3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GASTON, RANDY
STREET ADDRESS 1986 RIVER PARK BLVD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE TD
1.2 NAME COATNEY, BYRON
1.3 STREET ADDRESS 10273 WILLOWEMAC CT
1.4 CITY-ST-ZIP ORLANDO, FL 32817

TITLE VD
NAME RUSSELL, MAY
STREET ADDRESS 1931 RIVER PARK BLVD
CITY-ST-ZIP ORLANDO FL

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32817

TITLE STD
NAME VALLEJO, EDWARD
STREET ADDRESS 2005 RIVER PARK BLVD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE VD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL, MAY

4/25/96

Date

Daytime Phone #

CR2E037 (12/95)