


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 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 # **N47859** (6)  
1. Corporation Name  
**RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779</b>
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3. Date Incorporated or Qualified <b>03/12/1992</b>	
4. FEI Number <b>59-3111191</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 <b>FL</b> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>COATNEY, BYRON</b>
STREET ADDRESS	<b>10273 WILLOWEMAC CT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSELL, MAY</b>
STREET ADDRESS	<b>1831 RIVER PARK BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VALLEJO, EDWARD</b>
STREET ADDRESS	<b>2005 RIVER PARK BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HEWITT, RAYMOND</b>
3.3 STREET ADDRESS	<b>2061 RIVER PARK BLVD</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32817</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PARKER, PERCY</b>
4.3 STREET ADDRESS	<b>1989 RIVER PARK BLVD</b>
4.4 CITY-ST-ZIP	<b>ORLANDO FL 32817</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WHITE, JAMES</b>
5.3 STREET ADDRESS	<b>1973 RIVER PARK BLVD</b>
5.4 CITY-ST-ZIP	<b>ORLANDO FL 32817</b>
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: **RUSSELL, MAY**

2/26/98

407-237-4452

CR2E037 (10/97)