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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003531 (8)**

1. Corporation Name

CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.

Principal Place of Business

Mailing Address

**18721 SW 108 STREET
DUNNELLON FL 34432**

**P O BOX 817
DUNNELLON FL 34430**

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

65-0685545

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER, CARMEN M
18721 SW 108 STREET
DUNNELLON FL 34432**

81 Name

SHIRLEY SEREDA

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

18860 SW 110 PLACE

83

84 City

DUNNELLON

FL

85 Zip Code
34432

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 of Shirley Sereda)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **SEREDA, SHIRLEY**
STREET ADDRESS **18860 SW 110 PLACE**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **VP**
NAME **KARPOWICH, GAIL**
STREET ADDRESS **18758 SW 108 ST**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **S**
NAME **FISHER, CARMEN**
STREET ADDRESS **18721 SW 108 ST**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **T**
NAME **BURKS, GRACE**
STREET ADDRESS **11190 SW 186 CIRCLE**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **D**
NAME **REISEN, HARRY**
STREET ADDRESS **10843 189 TERRACE**
CITY - ST - ZIP **DUNNELLON FL**

TITLE **D**
NAME **HEGEDUS, JAMES**
STREET ADDRESS **10871 SW 189 TERRACE**
CITY - ST - ZIP **DUNNELLON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE **SECRETARY**
3.2 NAME **NANCY CONVERSE**
3.3 STREET ADDRESS **11075 SW 186 CIRCLE**
3.4 CITY - ST - ZIP **DUNNELLON FL 34432**

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

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

6.1 TITLE
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:

(Signature of Grace Burks) **GRACE BURKS**

4-20-98 352-489-2580

CR2E037 (10/97)