


8-5-98 B 8164 C
FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 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 # **748842** (2)
1. Corporation Name
RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 284 RIVERBEND RD. ORMOND BEACH FL 32174	Mailing Address 284 RIVERBEND RD. ORMOND BEACH FL 32174
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3. Date Incorporated or Qualified 09/10/1979	
4. FEI Number 59-1567397	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Kathy Sylvester*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BROOKER, PATER
STREET ADDRESS	288 WILDWOOD LN
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARIDA, VINCE
STREET ADDRESS	252 RIVERBEND RD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WOODWARD, ELTON
STREET ADDRESS	216 RIVERBEND DR
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WHITAKER, DWIGHT
STREET ADDRESS	279 RIVERBEND ROAD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARIDA, VINCE
STREET ADDRESS	252 RIVERBEND ROAD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MICLAUD, VIVIAN
STREET ADDRESS	240 WHIPPOWILL LN
CITY-ST-ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	TIDWELL, DAVID
1.4 CITY-ST-ZIP	233 RIVERBEND RD.
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	WIGGINS, KIM
4.4 CITY-ST-ZIP	228 RIVERBEND ROAD
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	JON GREAVES
5.4 CITY-ST-ZIP	292 WILDWOOD CANE
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	APPEL, MILDRED
6.4 CITY-ST-ZIP	229 RIVERBEND ROAD

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 *David Tidwell* **5/1/98 (am) 677-3105**

CR2E037 (1097)