

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90106 017 ****61.25

DOCUMENT # N47859

1. Corporation Name

RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/12/1992

4. FEI Number

59-3111191

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TD
STREET ADDRESS COATNEY, BYRON
CITY-ST-ZIP 10273 WILLOWMAC CT
ORLANDO FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS PARKER, PERCY
CITY-ST-ZIP 1989 RIVER PARK BLVD
ORLANDO FL 32817

TITLE ☐ DELETE

NAME D
STREET ADDRESS WHITE, JAMES
CITY-ST-ZIP 1973 RIVER PARK BLVD
ORLANDO FL 32817

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME D
13 STREET ADDRESS WILLIAMS, BEVERLY
14 CITY-ST-ZIP 10212 WILLOWMAC CT
ORLANDO FL 32817

21 TITLE VD ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE PD ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE SD ☐ Change ☒ Addition

52 NAME JONES, MADELINE
53 STREET ADDRESS 10233 NEVERSINK CT
54 CITY-ST-ZIP ORLANDO FL 32817

61 TITLE TD ☐ Change ☒ Addition

62 NAME RECKENBERGER, MARY
63 STREET ADDRESS 10223 WILLOWMAC CT
64 CITY-ST-ZIP ORLANDO FL 32817

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)