

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 031 ****61.25

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1. Corporation Name

RIVER GROVES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

290 RIVER DRIVE
EAST PALATKA FL 32131

Mailing Address

290 RIVER DRIVE
EAST PALATKA FL 32131



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

59-3334769

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

MORRIS, ELIZABETH A ESQ.
290 RIVER DRIVE
EAST PALATKA FL 32131

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	D	☐ DELETE
NAME	DELZELL, JOHN M	
STREET ADDRESS	265 RIVER DRIVE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	D	☐ DELETE
NAME	RION, FOUNT H JR.	
STREET ADDRESS	285 RIVER DRIVE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	D	☐ DELETE
NAME	TRAUERMAN, JOE K	
STREET ADDRESS	110 RIVER TERRACE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	D	☐ DELETE
NAME	MORRIS, EMMA LOU	
STREET ADDRESS	117 W. ST. JOHNS TERRACE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	D	☐ DELETE
NAME	TOMAS, GILBERT	
STREET ADDRESS	110 RIVER DRIVE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	VP	☐ DELETE
NAME	WARWICK, WILBUR E	
STREET ADDRESS	121 RIVER TERR	
CITY-ST-ZIP	EAST PALATKA FL 32131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 3, 1999 904-325-2188