

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 713162 (6)

1. Corporation Name  
RIVER SHORES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334-5214		3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334-5214	
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

3. Date incorporated or Qualified	3a. Date of Last Report
08/08/1967	04/13/1994
4. FEI Number	Applied For
59-1196377	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
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SYNOR, JOHN M.  
3020 N.E. 16 AVE ESSEX-102  
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name JAMES A. COOKE  
82 Street Address (P.O. Box Number is Not Acceptable) 3000 NE 16TH AVE  
83  
84 City OAKLAND PARK, FL 85 Zip Code 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *James A. Cooke* JAMES A. COOKE - PRES. 5/9/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SYNOR, JOHN M
STREET ADDRESS	3020 NE 16TH AVE
CITY - ST - ZIP	OAKLAND PAKE FL
TITLE	SD
NAME	FLOAT, EDITH
STREET ADDRESS	3040 NE 16TH AVENUE
CITY - ST - ZIP	OAKLAND PARK FL 33334
TITLE	TD
NAME	RUBEO, ANTHONY
STREET ADDRESS	2970 NE 16TH AVENUE
CITY - ST - ZIP	OAKLAND PARK FL 33334
TITLE	VD
NAME	COOKE, JAMES A
STREET ADDRESS	3000 NE 16TH AVE.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	ASD
NAME	OYER, DAVID N R.
STREET ADDRESS	3020 NE 16TH AVE.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAMES A. COOKE
13 STREET ADDRESS	3000 NE 16TH AVE
14 CITY - ST - ZIP	OAKLAND PARK, FL 33334
21 TITLE	VICE PRES. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEONARD A. ROY
23 STREET ADDRESS	2970 NE 16TH AVE
24 CITY - ST - ZIP	OAKLAND PARK, FL 33334
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SHIRLEY T. SAFFY
43 STREET ADDRESS	3040 NE 16TH AVE
44 CITY - ST - ZIP	OAKLAND PARK, FL 33334
51 TITLE	ASST. SEC. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JAMES B. COIBURN
53 STREET ADDRESS	1408 S.W. 17TH AVE
54 CITY - ST - ZIP	FT. LAUD., FL 33312
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *James A. Cooke* JAMES A. COOKE - PRES 5/9/95 305-565-5654