

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713162 (6)  
1. Corporation Name  
RIVER SHORES ASSOCIATION, INC.



Principal Place of Business: 3000 NE 16TH AVE, 4TH FLOOR, OAKLAND PARK FL 33334-5214  
Mailing Address: 3000 NE 16TH AVE, 4TH FLOOR, OAKLAND PARK FL 33334-5214

3. Date Incorporated or Qualified: 08/08/1967  
3a. Date of Last Report: 05/16/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1196377		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip			
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COOKE, JAMES A 3000 NE 16TH AVE OAKLAND PARK FL 33334		81 Name	HAROLD F. WILLARD
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	3060 NE 16th AVE
		84 City	OAKLAND PARK, FL
		85 Zip Code	33334

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: *Harold F. Willard* (NOTE: Registered Agent signature required when re-registering) DATE: 4/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, JAMES A	1.2 NAME	WILLARD, HAROLD F.
STREET ADDRESS	3000 NE 16TH AVE	1.3 STREET ADDRESS	3060 NE 16th AVE
CITY-ST-ZIP	OAKLAND PAKE FL	1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, LEONARD A	2.2 NAME	FEENAN, NANCY M.
STREET ADDRESS	2970 NE 16TH AVE	2.3 STREET ADDRESS	3020 NE 16th AVE
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEO, ANTHONY	3.2 NAME	RUBEO, TONY
STREET ADDRESS	2970 NE 16TH AVENUE	3.3 STREET ADDRESS	2970 NE 16th AVE
CITY-ST-ZIP	OAKLAND PARK FL 33334	3.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFY, SHIRLEY T	4.2 NAME	ROY, LEONARD A.
STREET ADDRESS	3040 NE 16TH AVE	4.3 STREET ADDRESS	2970 NE 16th AVE
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	ASD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBURN, JAMES B	5.2 NAME	PERRY, DOROTHY J.
STREET ADDRESS	1608 SW 17TH AVE	5.3 STREET ADDRESS	3000 NE 16th AVE
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: *Harold F. Willard* DATE: 4/4/96 DAYTIME PHONE #

CR2E037 (12/95)