FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #- Corporation Name

NAME

STREET ADDRESS

(6)

RIVER SHORES ASSOCIATION, INC.

Principal Place of Business		Mailing Address		LIBODIN ODDOL KIDDO TRADI NIDIO DINIO NIDI BIDAN	alanı bibin Bibin diğir 10di	
4TH FLOOR 4TH FLOOR		3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK FL 33334-52	R		3. Date Incorporated or Qualified 08/08/1967	
ORALINO FAI	IN 11 00001-0214	ONNERNO PARK PE 33334-32	214		4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Mailing Address			59-1196377	Not Applicable
21 26		26	6		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & State City & State					7. Is this nonprofit corporation a homeowners	Added to Fees
23 28						No
Zip 24	Country	Zip	Country	•	8. This corporation owes or has paid the curre	
24]	24 25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30.	Yes No
			81	Name		John
WILLARD, HAROID F.			82	Street	Address (P.O. Box Number Is Not Acceptable)	
3060 NE 16TH AVENUE OAKLAND PARK FL 33334			83		718 - 14 14 14 14 14 14 14 14 14 14 14 14 14	
O'ALDII	10 1 AIM 1 E 00004		84	City		[a=1 a= 6 -
					FL	85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig-	2 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flori	, the above thorized by da Statutes	e-named the corps.	corporation submits this statement for the purpose of c poration's board of directors. I hereby accept the appol	hanging its registered ntment as registered
SIGNATURE						
12.	Signature, typied or printed name of registered age OFFICERS AN	ont and little if applicable (NOTE: I	Hegistered Age	int signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PD	DELETE 1.1 T				Change Addition
NAME	WILLARD, HAROLD F. 121		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY - S	T-ZIP		
TITLE	''."	VPO DELETE 2.11				Change Addition
NAME ATREET ARRESTS	and the service of th		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	OALS AND DADIS ES		2.3 STREET			
TITLE	TD TD	DELETE	2.4 CITY-8 3.1 TITLE	SI-ZIP		Change Addition
NAME	RUBEO, TONY	<u> </u>	3.2 NAME			Townson Theorem
STREET ADDRESS	2970 NE 16TH AVENUE		3.3 STREET	ADDRESS		•
CITY-ST-ZIP	OAKLAND PARK FL		3.4. CITY-5			
TITLE	SD	☐ DELETE	4.1 TITLE			Change Addition
NAME	ROY, LEONARD A		4. 2 NAME		Elleadeth B. Wolf	
STREET ADDRESS	2970 NE 16TH AVENUE		4.3 STREET	address	3000 NE 1674 AUE _	.
CITY-ST-ZIP	OAKLAND PARK FL		4.4 CITY-S	T-21P		3334
TITLE	ASD DODOTHY	☐ DELETE	5.1 TITLE		_	_ Change L Addition
NAME ATTECH ADDRESS	PERRY, DOROTHY J.		5.2 NAME			
STREET ADDRESS	3000 NE 16TH AVENUE OAKLAND PARK FL		5.3 STREET			
CITY-ST-ZIP	OANDHID FARK FL	□ DELETÉ	5.4 CITY-S	I-ZIP		Change Addition

14. Thereby 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.

6.1 TITLE

6.2 NAME

Addition

FILED

Mar 11 1998 8:00am

Secretary of State