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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT



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

1999

DOCUMENT # 713162

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/08/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1196377
City & State	City & State	Applied For Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
WILLARD, HAROLD F.
3060 NE 16TH AVENUE
OAKLAND PARK FL 33334

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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* **HAROLD F. WILLARD** DATE: **4-27-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, HAROLD F.	1.2 NAME	
STREET ADDRESS	3060 NE 16TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENAN, NANCY M.	2.2 NAME	
STREET ADDRESS	3020 NE 16TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEO, TONY	3.2 NAME	
STREET ADDRESS	2970 NE 16TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TO LESLEY D DEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, ELIZABETH B	4.2 NAME	
STREET ADDRESS	3000 N.E. 16TH AVE	4.3 STREET ADDRESS	3050 NE 16TH AVE #102
CITY-ST-ZIP	OAKLAND PARK FL 33334	4.4 CITY-ST-ZIP	OAKLAND PARK FL 33334
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, DOROTHY J.	5.2 NAME	
STREET ADDRESS	3000 NE 16TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Harold F. Willard* **HAROLD F. WILLARD** DATE: **4-27-99** DAYTIME PHONE #

CR2E037 (11/98)