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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713716** (9)

1. Corporation Name

**RIO PINAR CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8600 EL PRADO DRIVE  
ORLANDO FL 32825**

**8600 EL PRADO DRIVE  
ORLANDO FL 32825**



3. Date Incorporated or Qualified

**11/29/1967**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, EDWARD JR.  
1103 ENSENADA DR  
ORLANDO FL 32825**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROE, MELVIN</b>	
STREET ADDRESS	<b>1418 PINAR DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOYLE, SHARON</b>	
STREET ADDRESS	<b>526 PINAR DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

2.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WARREN CARROTTERS</b>	
2.3 STREET ADDRESS	<b>932 PINAR DRIVE</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32825</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COPE, C W</b>	
STREET ADDRESS	<b>1600 PINAR DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, EDWARD R.</b>	
STREET ADDRESS	<b>1103 ENSENADA DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HENDER, JEAN</b>	
STREET ADDRESS	<b>8412 CARACAS AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Edward R. Williams* REQUIRED

1/6/98 407-273-6049

CR2E037 (10/97)