


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90117 002 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 713716</b> 1. Corporation Name <b>RIO PINAR CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>8600 EL PRADO DRIVE</b> <b>ORLANDO FL 32825</b>			Mailing Address <b>8600 EL PRADO DRIVE</b> <b>ORLANDO FL 32825</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/29/1967</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WILLIAMS, EDWARD JR.</b> <b>1103 ENSENADA DR</b> <b>ORLANDO FL 32825</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROE, MELVIN			1.2 NAME	NORRIS, JAMES		
STREET ADDRESS	1418 PINAR DRIVE			1.3 STREET ADDRESS	1322 ENSENADA DRIVE		
CITY-ST-ZIP	ORLANDO FL 32825			1.4 CITY-ST-ZIP	ORLANDO, FL. 32825		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARRUTHERS, WARREN			2.2 NAME	HATCH, CHRIS		
STREET ADDRESS	932 PINAR DR			2.3 STREET ADDRESS	1112 PINAR DRIVE		
CITY-ST-ZIP	ORLANDO FL 32825			2.4 CITY-ST-ZIP	ORLANDO, FL. 32825		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPE, C W			3.2 NAME	HENRICH, CONRAD R.		
STREET ADDRESS	1600 PINAR DRIVE			3.3 STREET ADDRESS	623 PINAR DRIVE		
CITY-ST-ZIP	ORLANDO FL 32825			3.4 CITY-ST-ZIP	ORLANDO, FL. 32825		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, EDWARD R.			4.2 NAME			
STREET ADDRESS	1103 ENSENADA DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32825			4.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDER, JEAN			5.2 NAME	SPIRIS, SHIRLEY		
STREET ADDRESS	8412 CARACAS AVE			5.3 STREET ADDRESS	830 PINAR DRIVE		
CITY-ST-ZIP	ORLANDO FL 32825			5.4 CITY-ST-ZIP	ORLANDO, FL. 32825		
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: *Edward R. Williams* EDWARD R. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 407-273-6049

Date

Daytime Phone #

0018182

CR2E037 (11/98)