

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

**FILED**  
**Feb 04 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 # 716733 (1)**  
 1. Corporation Name  
**RIO VISTA PROPERTY OWNERS'S ASSOCIATION, INC.**



Principal Place of Business 931 DOLPHIN DRIVE JUPITER FL 33458 US	Mailing Address 931 DOLPHIN DRIVE JUPITER FL 33458 US
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3. Date Incorporated or Qualified <b>06/13/1969</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2322215</b>		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DELMAN, JUDITH E**  
**931 DOLPHIN DRIVE**  
**JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DELMAN, SHELLY</b>	
STREET ADDRESS	<b>931 DOLPHIN DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RANSEDEL, HART</b>	
STREET ADDRESS	<b>853 MARLIN DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANDT, WILBUR A</b>	
STREET ADDRESS	<b>936 MARLIN CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCWHORTER, LESLY III</b>	
STREET ADDRESS	<b>950 MARLIN DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DELMAN, JUDITH E</b>	
STREET ADDRESS	<b>931 DOLPHIN DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BULLARD, RICKY</b>	
STREET ADDRESS	<b>935 DOLPHIN DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>vice president</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LOUIS COAKLEY</b>	
1.3 STREET ADDRESS	<b>947 MARLIN CIR</b>	
1.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
2.1 TITLE	<b>sect. director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DARLENE SIMMONS</b>	
2.3 STREET ADDRESS	<b>941 MARLIN DR</b>	
2.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
3.1 TITLE	<b>director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BRIAN SIMMONS</b>	
3.3 STREET ADDRESS	<b>941 MARLIN DR</b>	
3.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
4.1 TITLE	<b>director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GREG OIESEN</b>	
4.3 STREET ADDRESS	<b>964 MARLIN DR</b>	
4.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
5.1 TITLE	<b>director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RICHARD NASH</b>	
5.3 STREET ADDRESS	<b>974 MARLIN DR</b>	
5.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
6.1 TITLE	<b>director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kyle Scott</b>	
6.3 STREET ADDRESS	<b>961 DOLPHIN CT</b>	
6.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>	

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: *[Signature]* 21 Jan 98 561/746-5622

CRE0037 (10/97)