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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728266 (8)
1. Corporation Name
RIVERWALK ASSOCIATION, INC.



Principal Place of Business: 4801 NORTH A-1-A VERO BEACH FL 32963
Mailing Address: 4801 NORTH A-1-A VERO BEACH FL 32963

3. Date Incorporated or Qualified: 01/16/1974
4. FEI Number: 59-1723469
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
QUINN, J. D.
2205 14TH AVENUE
VERO BEACH FL 32980

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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	VP/DIRECTOR <input type="checkbox"/> DELETE
NAME	JONES, J. RICHARD
STREET ADDRESS	4801 N. A1A APT. 309
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WILLARD C. MEIER
STREET ADDRESS	4801 N. A1A APT. 208
CITY-ST-ZIP	VERO BCH, FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CULUMBER, MARY
STREET ADDRESS	4801 N. A1A APT 508
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BURROUGHS, HOWARD R.
STREET ADDRESS	4801 N A1A APT 202
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE
NAME	TAYLOR, HAROLD
STREET ADDRESS	4801 N A1A APT. 308
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LEHAN, JAMES P.
STREET ADDRESS	4801 N A1A APT. 501
CITY-ST-ZIP	VERO BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Irene Kominsky
1.3 STREET ADDRESS	4601 N A1A Apt. 209
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
2.1 TITLE	Treasurer/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Philipp
2.3 STREET ADDRESS	4601 N A1A, Apt. 503
2.4 CITY-ST-ZIP	VERO BEACH, FL 32963
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Davis
3.3 STREET ADDRESS	4601 N A1A, Apt. 304
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Henry Whitton
4.3 STREET ADDRESS	4601 N. A1A, Apt. 408
4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Nielsen
5.3 STREET ADDRESS	4601 North A1A, Apt. 401
5.4 CITY-ST-ZIP	VERO BEACH, FL 32964
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)(l), 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: *William Philipp* TREASURER x 2-18-98 / 561-231-2108

CR2E037 (1097)