FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:34

DOCUMENT # 729998 **(5)**

1. Corporation Name

R.B. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RIVER BEND RD. PO BOX 190 WELAKA FL 32193-7190	RIVER BEND RD. PO BOX 190 WELAKA FL 32193-7190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1974
3a. Date of Last Report: 03/16/1994
4. FEI Number: 23-7429472 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HOLLAND, CHARLES O.
RIVER BEND RD.
WELAKA FL 32193

10. Name and Address of New Registered Agent

81 Name: Joann Hughes
82 Street Address (P.O. Box Number is Not Acceptable): 217 River Bend Place
83
84 City: Welaka, FL 85 Zip Code: 32193

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joann Hughes (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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	COX, JAMES T	1.2 NAME		
STREET ADDRESS	8925 SAN RAE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, WILLIAM	2.2 NAME		
STREET ADDRESS	509 SW 1ST AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	Treasurer - Secretary	☒ Change ☐ Addition
NAME	HOLLAND, CHARLES	3.2 NAME	Hughes, Joann	
STREET ADDRESS	RIVER BEND RD	3.3 STREET ADDRESS	217 River Bend Place	
CITY-ST-ZIP	WELAKA FL	3.4 CITY-ST-ZIP	Welaka, FL 32193	
TITLE	SD	4.1 TITLE	Maintenance	☒ Change ☐ Addition
NAME	HOMES, FLORENCE	4.2 NAME	C. Ronnie Holland	
STREET ADDRESS	7910 VALLEY VIEW DR	4.3 STREET ADDRESS	117 River Bend Place	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Welaka, FL 32193	
TITLE		5.1 TITLE	Maintenance	☐ Change ☒ Addition
NAME		5.2 NAME	Fred M. Thompson, Jr.	
STREET ADDRESS		5.3 STREET ADDRESS	1641 Panther Ridge Ct.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joann Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000448F7