


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # 729998 1. Corporation Name R.B. CONDOMINIUM ASSOCIATION, INC. | (5) |
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| Principal Place of Business RIVER BEND RD. PO BOX 190 WELAKA FL 32193-7190 | Mailing Address RIVER BEND RD. PO BOX 190 WELAKA FL 32193-0190 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|--|
| 3. Date Incorporated or Qualified 06/20/1974 | 3a. Date of Last Report 04/10/1996 |
| 4. FEI Number 23-7429472 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent HUGHES, JOANN 217 RIVER BEND PLACE WELAKA FL 32193 |
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|---|
| 10. Name and Address of New Registered Agent 81 Name JIMMIE M. HALL 82 Street Address (P.O. Box Number is Not Acceptable) 130 RIVER BEND PLACE 83 WELAKA, FL 32193 84 City 85 Zip Code |
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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 *Jimmie Hall* **Jimmie Hall Treasurer** **April 3, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | COX, JAMES T |
| STREET ADDRESS | 8925 SAN RAE RD |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | AUSTIN, WILLIAM |
| STREET ADDRESS | 509 SW 1ST AVE |
| CITY-ST-ZIP | ALACHUA FL |
| TITLE | TS <input type="checkbox"/> DELETE |
| NAME | HUGHES, JOANN |
| STREET ADDRESS | 217 RIVER BEND PLACE |
| CITY-ST-ZIP | WELAKA FL |
| TITLE | M <input type="checkbox"/> DELETE |
| NAME | HOLLAND, C. R |
| STREET ADDRESS | 117 RIVER BEND PLACE |
| CITY-ST-ZIP | WELAKE FL |
| TITLE | M <input type="checkbox"/> DELETE |
| NAME | THOMPSON, FRED M JR |
| STREET ADDRESS | 1641 PANTHER RIDGE CT |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JIMMIE M. HALL |
| 2.3 STREET ADDRESS | 130 RIVER BEND PLACE |
| 2.4 CITY-ST-ZIP | WELAKA, FL 32193 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JOANN HUGHES |
| 3.3 STREET ADDRESS | 217 RIVER BEND PLACE |
| 3.4 CITY-ST-ZIP | WELAKA, FL 32193 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | FRED M THOMPSON, JR. |
| 5.3 STREET ADDRESS | 3302 HIDDEN LAKE DR. |
| 5.4 CITY-ST-ZIP | JACKSONVILLE, FL 32216 |
| 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 do 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 *Jimmie Hall* **4-3-97**

CR2E037 (9/96)