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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS
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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 32193-7180	RIVER BEND RD. PO BOX 190 WELAKA FL 32193-7180

3. Date Incorporated or Qualified

06/20/1974

4. FEI Number

23-7429472

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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

10. Name and Address of New Registered Agent

HALL, JIMMIE M
130 RIVER BEND PL
WELAKA FL 32193

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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	T D	<input type="checkbox"/> DELETE
NAME	HALL, JIMMIE M	
STREET ADDRESS	130 RIVER BEND PL	
CITY-ST-ZIP	WELAKA FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, JOANN	
STREET ADDRESS	217 RIVER BEND PLACE	
CITY-ST-ZIP	WELAKA FL	

TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, C. R	
STREET ADDRESS	117 RIVER BEND PLACE	
CITY-ST-ZIP	WELAKA FL	

TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, FRED M JR	
STREET ADDRESS	3302 HIDDEN LAKE DR	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NEWTON, W. RAY	
3.3 STREET ADDRESS	4651 IRIQUOIS AVE.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

4.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RIDDERING, LOUISE	
4.3 STREET ADDRESS	P.O. BOX 826 122 RIVER BEND PL	
4.4 CITY-ST-ZIP	WELAKA, FL 32193	

5.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNSON, LESTER L. JR.	
5.3 STREET ADDRESS	2252 STATE RD. B	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259	

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)(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:

[Handwritten Signature]

CR2E037 (10/97)