

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732087 (2)

1. Corporation Name

RIVER ISLES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**92 RIVER ISLES
BRADENTON FL 34208
US**

Mailing Address

**92 RIVER ISLES
BRADENTON FL 34208
US**

3. Date Incorporated or Qualified
03/10/1975

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7380530

Applied For

Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
SARASOTA FL 34236**

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 **P** ☐ DELETE

NAME **FRANKS, GORDON**
STREET ADDRESS **4307 LAKEWOOD AVE**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VP** ☐ DELETE

NAME **LOTTRIDGE, NEIL**
STREET ADDRESS **1307 BOTTLEBRUSH DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE **T** ☐ DELETE

NAME **SPONABLE, WARREN W**
STREET ADDRESS **804 HICKORY LN**
CITY-ST-ZIP **BRADENTON FL**

TITLE **S** ☐ DELETE

NAME **TRACEY, MARY**
STREET ADDRESS **3807 JOYCE DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE

NAME **SANGSTER, ARLON**
STREET ADDRESS **3902 RIVER WALK COURT**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE

NAME **CANN, NORMA**
STREET ADDRESS **4007 PALM CT**
CITY-ST-ZIP **BRADENTON FL**

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Norma W. Sponable*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 941-747-0157

Date Daytime Phone #

CR2E037 (12/95)