

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 # 734801 (4)

1. Corporation Name
RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 2424 N ESSEX AVE, HERNANDO FL 32642, US
Mailing Address: 2424 N ESSEX AVE, HERNANDO FL 32642, US

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 04/26/1995
4. FEI Number: 75-2236923
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: COX, ALVAH L JR, 2424 N ESSEX, HERNANDO FL 34442
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: WARNER, SUSAN	11 TITLE:	D ROBERT JOEVES
STREET ADDRESS: 11806 W RIVERHAVEN DR	CITY-ST-ZIP: HOMOSASSA FL	12 NAME:	13 STREET ADDRESS: 4795 S. WOODWAY DR.
		13 STREET ADDRESS:	14 CITY-ST-ZIP: HOMOSASSA, FL 34448
TITLE: D	NAME: STRIEGL, HENRY	21 TITLE:	VPD
STREET ADDRESS: 11781 W FISHERMAN LANE	CITY-ST-ZIP: HOMOSASSA FL	22 NAME:	
		23 STREET ADDRESS:	
TITLE: T	NAME: POWELL, ROBERT	31 TITLE:	TD JAMES TAUDTE
STREET ADDRESS: 4926 S DEEPWATER PT	CITY-ST-ZIP: HOMOSASSA FL	32 NAME:	33 STREET ADDRESS: 4929 S. DEEPWATER PT.
		33 STREET ADDRESS:	34 CITY-ST-ZIP: HOMOSASSA, FL 34448
TITLE: S	NAME: AVERMANN, ROLF	41 TITLE:	PD
STREET ADDRESS: 5160 STETSON PT. DR.	CITY-ST-ZIP: HOMOSASSA FL	42 NAME:	
		43 STREET ADDRESS:	
TITLE: D	NAME: MYTINGER, RICHARD	51 TITLE:	SD PATTY BRAATZ
STREET ADDRESS: 4998 S DEEPWATER POINT	CITY-ST-ZIP: HOMOSASSA FL	52 NAME:	53 STREET ADDRESS: 5266 S. STETSON PT. DR.
		53 STREET ADDRESS:	54 CITY-ST-ZIP: HOMOSASSA, FL 34448
TITLE: D	NAME: SUMPTER, JAMES	61 TITLE:	D ALFRED DYE
STREET ADDRESS: 4841 S. PRICES PT.	CITY-ST-ZIP: HOMOSASSA FL	62 NAME:	63 STREET ADDRESS: 5260 S. MYSTIC PT.
		63 STREET ADDRESS:	64 CITY-ST-ZIP: HOMOSASSA, FL 34448

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: X *James A. Taudte* Treasurer P.O.A. Date: 3/23/96

CR2E037 (12/95)