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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 12/31/1975	
4. FEI Number 75-2236923	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

**COX, ALVAH L JR
2424 N ESSEX
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD JEEVES, ROBERT 4795 S WOODW AY DRIVE HOMOSSASSA FL	<input type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD TAUDE, JAMES 4939 S DEEPWATER PT HOMOSSASSA FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	PD AVERMANN, ROLF 5160 STETSON PT. DR. HOMOSSASSA FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	SD BRAATZ, PATTY 5266 S STETSON PT DROVE HOMOSSASSA FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	D SUMPTER, JAMES 4841 S. PRICES PT. HOMOSSASSA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE VPD PETER WENTWORTH 11810 W. WATERWAY DR. HOMOSSASSA, FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE D JIM Stoneman 5264 S. SPYGLASS PT. HOMOSSASSA FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE TD MARGAROT WHITMER 5109 RUNNING BROOK DR. HOMOSSASSA, FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE D ERNE BADER 113 W. WATERWAY DR. HOMOSSASSA FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	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: X *Margaret Whitmer, Sec.* X 3/6/98 X 352 628 6893

CFR2E037 (10/97)