FILE NOW: FILING FEE IS $61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90088 014 ****70.00

0074136

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739213

1. Corporation Name
RIVER WOODS PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3772 OUTRIGGER CT. FT. PIERCE FL 34946 US	3772 OUTRIGGER CT. FT. PIERCE FL 34946-1911 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 06/02/1977

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMA, RICHARD W.
3772 OUTRIGGER CT.
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

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: Richard W. Thoma — 16 March 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	~~VERDE, ALEX~~	1.2 NAME	DICKENS, THOMAS A.
STREET ADDRESS	~~3011 OUTRIGGER CT~~	1.3 STREET ADDRESS	3695 RIVER WOODS DR.
CITY-ST-ZIP	~~FT. PIERCE FL~~	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	~~VD~~ ☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	~~BICKMAN, RICHARD J~~	2.2 NAME	DUGAN, G.D. III
STREET ADDRESS	~~2793 SPINNAKER CT~~	2.3 STREET ADDRESS	3756 OUTRIGGER CT.
CITY-ST-ZIP	~~FT. PIERCE FL~~	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	~~ST~~ ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	~~THOMA, RICHARD W~~	3.2 NAME	MACDONALD, MICHAEL
STREET ADDRESS	~~3773 OUTRIGGER CT~~	3.3 STREET ADDRESS	3684 RIVER WOODS DRIVE
CITY-ST-ZIP	~~FT. PIERCE FL~~	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	~~VD~~ ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	~~SCHORNER, JEFFREY~~	4.2 NAME	RAAB, JAMES P.
STREET ADDRESS	~~2668 RIVER WOODS DR~~	4.3 STREET ADDRESS	3738 OUTRIGGER CT.
CITY-ST-ZIP	~~FT. PIERCE FL~~	4.4 CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	~~+~~ ☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	TOMASSI, PATRIZIO
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 12356
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	☐ DELETE	6.1 TITLE	ST ☒ Change ☐ Addition
NAME		6.2 NAME	THOMA, RICHARD W.
STREET ADDRESS		6.3 STREET ADDRESS	3772 OUTRIGGER CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT PIERCE, FL 34946

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Richard W. Thoma SIGNATURE REQUIRED Sec. / Treas. Agent 16 March 1999 (561) 464-9463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #