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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 747099

1. Corporation Name

THE RIVER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 24611
JACKSONVILLE FL 32241

Mailing Address
P.O. BOX 24611
JACKSONVILLE FL 32241



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/08/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2414983	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

PATRICK, DONALD R
266 ST. JOHNS RIVER PLACE LN
SWITZERLAND FL 32259

10. Name and Address of New Registered Agent

81 Name	ANNE N. WEAVER	
82 Street Address (P.O. Box Number is Not Acceptable)	243 ST JOHNS RVR PL LN	
83		
84 City	SWITZERLAND	FL 85 Zip Code 32259

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 Anne N. Weaver ANNE N. WEAVER 6/16/99
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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, PEGGY	1.2 NAME	BARRY MCNEIL
STREET ADDRESS	266 ST JOHNS RIVER PLACE LANE	1.3 STREET ADDRESS	251 ST JOHNS RVR PL LN
CITY-ST-ZIP	SWITZERLAND FL 32259	1.4 CITY-ST-ZIP	SWITZERLAND FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, DANIEL	2.2 NAME	JOE RUGGIERO
STREET ADDRESS	243 ST JOHNS RIVER PLACE LANE	2.3 STREET ADDRESS	280 ST JOHNS RVR PL LN
CITY-ST-ZIP	SWITZERLAND FL 32259	2.4 CITY-ST-ZIP	SWITZERLAND FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, TIM	3.2 NAME	ANNE WEAVER
STREET ADDRESS	3659 HERSCHEL STREET	3.3 STREET ADDRESS	243 ST JOHNS RVR PL LN
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	SWITZERLAND FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, BILL	4.2 NAME	DON PATRICK
STREET ADDRESS	4341 WINDERGATE CT	4.3 STREET ADDRESS	266 ST JOHNS RVR PL LN
CITY-ST-ZIP	SWITZERLAND FL	4.4 CITY-ST-ZIP	SWITZERLAND FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, LINDA	5.2 NAME	GARY INGLISH
STREET ADDRESS	215 ST JOHNS RIVER PLACE LANE	5.3 STREET ADDRESS	289 ST JOHNS RVR PLLN
CITY-ST-ZIP	SWITZERLAND FL	5.4 CITY-ST-ZIP	SWITZERLAND FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRELL, CHARLIE	6.2 NAME	GEORGIE POULOS
STREET ADDRESS	292 ST. JOHNS RIVER PLACE LANE	6.3 STREET ADDRESS	331 ST JOHNS RVR PL LN
CITY-ST-ZIP	SWITZERLAND FL 32259	6.4 CITY-ST-ZIP	SWITZERLAND FL 32259

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: Anne N. Weaver ANNE N. WEAVER 6/16/99 (904) 257-5496
Signature, typed or printed name of registered agent and title if applicable. DATE

CR2E037 (11/98)