

**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 # 747895 (1)**

1. Corporation Name

**RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

3100 S ATLANTIC AVE  
COCOA BCH FL 32931

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COCOA BCH FL 32931

3. Date Incorporated or Qualified **06/29/1979**      3a. Date of Last Report **04/12/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number **59-3058711**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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**

**WATSON, HELEN MRS  
3100 S. ATLANTIC AVENUE #102  
COCOA BEACH FL 32931**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, HELEN MRS	1.2 NAME	
STREET ADDRESS	3100 S. ATLANTIC AVENUE #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSEY, DAVID MR	2.2 NAME	
STREET ADDRESS	3100 S. ATLANTIC AVENUE #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PAUL MR	3.2 NAME	
STREET ADDRESS	56 MOORLAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCITUATE MA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE <i>expired 1996</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, FRANCIS C.	4.2 NAME	
STREET ADDRESS	28 FOSTER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPLANTE, THRESEA MS	5.2 NAME	
STREET ADDRESS	524 EUTHERA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCKWELL, GARRY MR	6.2 NAME	
STREET ADDRESS	361 CRYSTAL LAKE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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: *Helen S. Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1, 1996*

DATE

*(407) 783-1045*

DAYTIME PHONE #

CR2E037 (12/95)