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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3100 S ATLANTIC AVE
COCOA BCH FL 32931-2171

3. Date Incorporated or Qualified
06/29/1979

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3058711

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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 |
| NAME | WATSON, HELEN MRS | |
| STREET ADDRESS | 3100 S. ATLANTIC AVENUE #102 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ELSEY, DAVID MR | |
| STREET ADDRESS | 3100 S. ATLANTIC AVENUE #101 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLY, PAUL MR | |
| STREET ADDRESS | 58 MOORLAND ROAD | |
| CITY-ST-ZIP | SCITUATE MA | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | LAPLANTE, THRESEA MS | |
| STREET ADDRESS | 524 EUTHERA LANE | |
| CITY-ST-ZIP | INDIAN HARBOR BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OCKWELL, GARRY MR | |
| STREET ADDRESS | 361 CRYSTAL LAKE ROAD | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: David R. Elsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018224

CR2E037 (9/96)