

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747895 (1)**  
 1. Corporation Name  
**RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business 3100 S ATLANTIC AVE COCOA BCH FL 32931	Mailing Address 3100 S ATLANTIC AVE COCOA BCH FL 32931
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3. Date Incorporated or Qualified <b>06/29/1979</b>		
4. FEI Number <b>59-3058711</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

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	56 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	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 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:** *Helena T. Watson* **REQUIRED** *Secy/Treas 1/10/98 (40) 783-1045*

CR2E037 (10/97)