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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747895

1. Corporation Name

RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3100 S ATLANTIC AVE
 COCOA BCH FL 32931

Mailing Address

3100 S ATLANTIC AVE
 COCOA BCH FL 32931



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

same

101

3. Date Incorporated or Qualified

06/29/1979

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

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 *Tim David Elsey*
 82 Street Address (P.O. Box Number is Not Acceptable)
3100 S. Atlantic #101
 83
 84 City *Cocoa Beach* FL 85 Zip Code *32931*

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 *David R Elsey*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	LAPLANTE, THRESEA MS	
STREET ADDRESS	524 EUTHERA LANE	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
TITLE	D	<input checked="" 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	<i>Secretary/Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Jean A. Elsey</i>	
1.3 STREET ADDRESS	<i>3100 S. Atlantic #101</i>	
1.4 CITY-ST-ZIP	<i>C.B. FL. 32931</i>	
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)(l), 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: *David R Elsey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99 407 783 3082
 Date Daytime Phone #

CR2E037 (11/98)