

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749074 (1)**

1. Corporation Name  
**RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I NC.**



Principal Place of Business Mailing Address  
**% ROBERT L. BATES  
1824 W. GRANT ST.  
ORLANDO FL 32805**

3. Date Incorporated or Qualified **09/25/1979** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>31-1404228</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FLOWER, BRUCE W., ESQUIRE SUITE 100,500 N MAITLAND AVE MAITLAND FL FL 32801</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T LEWIS, ALLEN</b>	1.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>1810 W. GRANT ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MANOR, A.D.</b>	2.2 NAME	<b>D Clyde Cobb</b>
STREET ADDRESS	<b>2400 RIO LANE</b>	2.3 STREET ADDRESS	<b>1725 29th Street</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	2.4 CITY - ST - ZIP	<b>Orlando, FL 32805</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D CORMIER, LEE</b>	3.2 NAME	
STREET ADDRESS	<b>1822 W. GRANT ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S BATES, SARAH</b>	4.2 NAME	<b>Treasury</b>
STREET ADDRESS	<b>1824 W. GRANT ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MILLEK, CORNELLES</b>	5.2 NAME	<b>400001722114</b>
STREET ADDRESS	<b>2404 RIO LANE</b>	5.3 STREET ADDRESS	<b>-02/23/96--01017--006</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	5.4 CITY - ST - ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BOYCE, CARL</b>	6.2 NAME	
STREET ADDRESS	<b>1820 W. GRANT ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	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: Sarah L Bates SARAH L. Bates Date: 4/29/96 Daytime Phone #: 407-855-2911 ext 240

CR2E037 (12/95)