

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 749074 (1)

1. Corporation Name

RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I  
NC.

Principal Place of Business

% ROBERT L. BATES  
1824 W. GRANT ST.  
ORLANDO FL 32805

Mailing Address

% ROBERT L. BATES  
1824 W. GRANT ST.  
ORLANDO FL 32805-6027

3. Date Incorporated or Qualified  
09/25/1979

3a. Date of Last Report  
02/23/1996

4. FEI Number

31-1404228

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

FLOWER, BRUCE W., ESQUIRE  
SUITE 100,500 N MAITLAND AVE  
MAITLAND FL FL 32801

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	T	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ALLEN	
STREET ADDRESS	1810 W. GRANT ST.	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANOR, A.D.	
STREET ADDRESS	2400 RIO LANE	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, CLYDE	
STREET ADDRESS	1725 29TH STREET	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BATES, SARAH	
STREET ADDRESS	1824 W. GRANT ST.	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLEK, CORNELLES	
STREET ADDRESS	2404 RIO LANE	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYCE, CARL	
STREET ADDRESS	1820 W. GRANT ST	
CITY - ST - ZIP	ORLANDO, FL 00000	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lewis, Allen	
1.3 STREET ADDRESS	1810 W. Grant St	
1.4 CITY - ST - ZIP	Orlando, FL 32805	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert L. Bates	
2.3 STREET ADDRESS	1824 W. Grant St	
2.4 CITY - ST - ZIP	Orlando, FL 32805	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Teresa Nelson	
3.3 STREET ADDRESS	1601 W. Grant St	
3.4 CITY - ST - ZIP	Orlando, FL 32805	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016602

CP2E037 (9/96)

2-9-97 407-423-0815