

# 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 # 751719 (6)

1. Corporation Name

RIVER GREENS HOMEOWNERS ASSOCIATION, INCORPORATE  
D



Principal Place of Business

Mailing Address

~~1008 LAKE DAMON DRIVE~~  
~~AVON PARK FL 33825~~

~~1008 LAKE DAMON DRIVE~~  
~~AVON PARK FL 33825~~

2921 N. TWIN LAKES DR AVON PARK, FL 33825

3. Date Incorporated or Qualified  
03/26/1980

3a. Date of Last Report  
11/21/1995

2. Principal Place of Business

2a. Mailing Address

21 2921 N. TWIN LAKES DR

26 2921 N. TWIN LAKES DR

4. FEI Number

65-0402953

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

22 City & State

27 City & State

23 AVON PARK, FL

28 AVON PARK, FL

24 Zip

25 Country

29 Zip

30 Country

33825

HIGHLANDS

33825

HIGHLANDS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MOSSER, EDMOND~~  
~~1008 LAKE DAMON DR.~~  
~~AVON PARK FL 33825~~

81 Name

BETTY MEEKER

82 Street Address (P.O. Box Number is Not Acceptable)

2921 N. TWIN LAKES DR

83

84 City

AVON PARK

FL

85 Zip Code

33825

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

BETTY MEEKER, TREAS.

Betty Meeker

2-8-96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

SMITH, MARY

STREET ADDRESS

3190 TWIN LAKES DRIVE

CITY-STATE-ZIP

AVON PARK FL

TITLE

VP

☐ DELETE

NAME

TOUMAN, JEAN

STREET ADDRESS

3061 TWIN LAKES DR.

CITY-STATE-ZIP

AVON PARK FL

TITLE

S

☒ DELETE

NAME

MARIANO, JERRY

STREET ADDRESS

122 HILLCREST DR.

CITY-STATE-ZIP

AVON PARK FL

TITLE

T

☒ DELETE

NAME

MOSSER, EDMOND

STREET ADDRESS

1008 LAKE DAMON DR.

CITY-STATE-ZIP

AVON PARK FL

TITLE

D

☒ DELETE

NAME

BOMBA, MYRA

STREET ADDRESS

3011 TWIN LAKES DR.

CITY-STATE-ZIP

AVON PARK FL

TITLE

D

☒ DELETE

NAME

BERRYMAN, BERTIE

STREET ADDRESS

243 HILLCREST DRIVE

CITY-STATE-ZIP

AVON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

S BERRYMAN, BERTIE

243 HILLCREST DRIVE

AVON PARK, FL 33825

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

T BETTY MEEKER

2921 N. TWIN LAKES DRIVE

AVON PARK, FL 33825

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

D PITSER, ROBERT

106 LAKE DAMON DRIVE

AVON PARK, FL 33825

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

D MECHLIN, JEFF

3091 N. TWIN LAKES DRIVE

AVON PARK, FL 33825

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: Betty Meeker, BETTY MEEKER, TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-96

Daytime Phone #

CR2E037 (12/95)