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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751719 (6)

1. Corporation Name

RIVER GREENS HOMEOWNERS ASSOCIATION, INCORPORATE
D

Principal Place of Business

Mailing Address

2921 N TWIN LAKES DR
AVON PARK FL 33825
US2921 N TWIN LAKES DR
AVON PARK FL 33825-9252
US3. Date Incorporated or Qualified
03/26/19803a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEKER, BETTY
2921 N TWIN LAKES DR
AVON PARK FL 33825

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

BETTY MEEKER, TREAS. Betty Meeker

1-28-97

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	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARY	
STREET ADDRESS	3190 TWIN LAKES DRIVE	
CITY - ST - ZIP	AVON PARK FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOSTER, JACK	
1.3 STREET ADDRESS	930 LAKE DAMON DR	
1.4 CITY - ST - ZIP	AVON PARK, FL 33825	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TOUMAN, JEAN	
STREET ADDRESS	3061 TWIN LAKES DR.	
CITY - ST - ZIP	AVON PARK FL	

2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, BETSEY	
2.3 STREET ADDRESS	83 HILLCREST DR.	
2.4 CITY - ST - ZIP	AVON PARK, FL. 33825	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERRYMAN, BERTIE	
STREET ADDRESS	243 HILLCREST DR	
CITY - ST - ZIP	AVON PARK FL	

3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAIG, JANE	
3.3 STREET ADDRESS	130 LAKE TROUT DR	
3.4 CITY - ST - ZIP	AVON PARK, FL. 33825	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MEEKER, BETTY	
STREET ADDRESS	2921 N TWIN LAKES DR	
CITY - ST - ZIP	AVON PARK FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	PITSER, ROBERT	
STREET ADDRESS	106 LAKE DAMON DR	
CITY - ST - ZIP	AVON PARK FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MECHLIN, JEFF	
STREET ADDRESS	3091 N TRWIN LAKES DR	
CITY - ST - ZIP	AVON PARK FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEWIS, TERRY	
6.3 STREET ADDRESS	80 LAKE TROUT DR	
6.4 CITY - ST - ZIP	AVON PARK, FL. 33825	

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: Betty Meeker, BETTY MEEKER, TREAS. 1-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone # 0051397

CR2E037 (9/96)