


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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

**2021 N TWIN LAKES DR
AVON PARK FL 33825
US**

**2021 N TWIN LAKES DR
AVON PARK FL 33825
US**

3. Date Incorporated or Qualified

03/26/1980

4. FEI Number

65-0402953

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEEKER, BETTY
2021 N TWIN LAKES DR
AVON PARK FL 33825**

81

Name **Thomas B. Seifert**

82

Street Address (P.O. Box Number Is Not Acceptable)
200 W. Lake Trout Dr.

83

Avon Park

84

City

FL

85

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

Thomas B. Seifert

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, JACK	
STREET ADDRESS	930 LAKE DAMON DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, BETSEY	
STREET ADDRESS	83 HILLCREST DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CRAIGO, JANE	
STREET ADDRESS	130 LAKE TROUT DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEEKER, BETTY	
STREET ADDRESS	2021 N TWIN LAKES DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITSER, ROBERT	
STREET ADDRESS	106 LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, TERRY	
STREET ADDRESS	80 LAKE TROUT DR.	
CITY-ST-ZIP	AVON PARK FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brunswick, Carolyn	
1.3 STREET ADDRESS	214 Fairway Dr.	
1.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gillett, Charlie	
2.3 STREET ADDRESS	50 N. Lake Trout Dr.	
2.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Craigo, Jane	
3.3 STREET ADDRESS	130 Lake Trout Dr.	
3.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Seifert, Tom	
4.3 STREET ADDRESS	200 W. Lake Trout Dr.	
4.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Snellenberger, John	
5.3 STREET ADDRESS	250 Lake Trout Dr.	
5.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kautz, Judy	
6.3 STREET ADDRESS	154 Fairway Dr.	
6.4 CITY-ST-ZIP	Avon Park, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Thomas B. Seifert* **Tom Seifert, Treas** 2/10/98 941-452-0980

CR2E037 (10/97)