

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754311 (9)**
1. Corporation Name
RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **22 SUNSET DR. 46 SUNSET DRIVE SEBASTIAN FL 32958 US**
Mailing Address: **46 SUNSET DRIVE SEBASTIAN FL 32958 US**

3. Date Incorporated or Qualified: **09/24/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2966850**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**BIEBEL, WARREN
7 GAIL ROAD
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent
81 Name: **Garlans, Jeffrey**
82 Street Address (P.O. Box Number is Not Acceptable): **24 Sunset Drive**
83
84 City: **Sebastian** FL 85 Zip Code: **32958**

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: **Jeffrey Garlans, President** *[Signature]* 3/21/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BIEBEL, WARREN	
STREET ADDRESS	7 GAIL RD	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELL, LAMAR	
STREET ADDRESS	3 GAIL RD	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOMINIX, ELIZABETH	
STREET ADDRESS	46 SUNSET DR	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARLANS, MATILDA	
STREET ADDRESS	24 SUNSET DR	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIEGLE, ARTHUR	
STREET ADDRESS	25 SUNSET DR	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Garlans, Jeffrey	
1.3 STREET ADDRESS	24 Sunset Drive	
1.4 CITY - ST - ZIP	Sebastian, FL 32958	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Langford, Linda	
4.3 STREET ADDRESS	7 Sunset Drive	
4.4 CITY - ST - ZIP	Sebastian, FL 32958	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Watters, Warren	
5.3 STREET ADDRESS	50 Sunset Drive	
5.4 CITY - ST - ZIP	Sebastian, FL 32958	
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 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: **Elizabeth J. Dominix, Treasurer** *[Signature]* 3/21/96 407-388-3460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)