


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754311 (9)

1. Corporation Name
RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 46 Sunset Drive		26 25 Sunset Drive		09/24/1980		05/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2966850		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Sebastian, Florida		28 Sebastian, Florida		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 32958		25 USA		29 32958		30 USA	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARLANS, JEFFREY 24 SUNSET DRIVE SEBASTIAN FL 32958				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 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 <i>Elizabeth J. Dominix, President (Elizabeth J. Dominix)</i>						DATE 7/23/97	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GARLANS, JEFFREY	1.2 NAME	Dominix, Elizabeth J.
STREET ADDRESS	24 SUNSET DRIVE	1.3 STREET ADDRESS	46 Sunset Drive
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	Sebastian, Florida 32958
TITLE	VP	2.1 TITLE	
NAME	BELL, LAMAR	2.2 NAME	
STREET ADDRESS	3 GAIL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	DOMINIX, ELIZABETH	3.2 NAME	Riegler, Belinda A.
STREET ADDRESS	46 SUNSET DR	3.3 STREET ADDRESS	25 Sunset Drive
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	Sebastian, Florida 32958
TITLE	S	4.1 TITLE	
NAME	LANGFORD, LINA	4.2 NAME	
STREET ADDRESS	7 SUNSET DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	WATTERS, WARREN	5.2 NAME	Lauweret, Bill
STREET ADDRESS	50 SUNSET DRIVE	5.3 STREET ADDRESS	18 Sunset Drive
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	Sebastian, Florida 32958
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Belinda A. Riegler* 561-
 SIGNATURE REQUIRED

CR2E037 (4/97)