


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 46 SUNSET DRIVE SEBASTIAN FL 32958 US	Mailing Address 25 SUNSET DRIVE SEBASTIAN FL 32958 US
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3. Date Incorporated or Qualified  
**09/24/1980**

4. FEI Number <b>59-2966850</b>	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
22. Principal Place of Business Country	2b. Mailing Address Country

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  
**DOMINIX, ELIZABETH J**  
**46 SUNSET DRIVE**  
**SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOMINIX, ELIZABETH J	
STREET ADDRESS	46 SUNSET DRIVE	
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	RIEGE, BELINDA A	
STREET ADDRESS	250 SUNSET DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANGFORD, LINA	
STREET ADDRESS	7 SUNSET DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUWERET, BILL	
STREET ADDRESS	18 SUNSET DRIVE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HLADISH, JOHN
2.3 STREET ADDRESS	43 SUNSET DRIVE
2.4 CITY-ST-ZIP	SEBASTIAN-FL-32958
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 Riegle* (BELINDA A. RIEGLE) 8/15/98 561-589-8540

CR2E037 (5/98)