FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 755587

(3)

FILED									
Feb 05 1998 8:00am									
Secretary of State									

RIVERI	MIST CONDOMINIUM, INC.								
Principal Plac	e of Business	Mailing Address				i imalite jander Antas dešat fisiāt s	OPPLEMENT BLEIF GEG	PE WENT BENTE OF	AND MINICIPALITY
5640 UNIT 2300 FERGUSON COURT NEW PORT RICHEY FL 34652		5640 UNIT 2300 FERGUSON COURT NEW PORT RICHEY FL 34652				3. Date Incorporated or Qualifi 12/18/1980 3. FEI Number 59-2351873	ied		pplied For
2. Principal P	Place of Business	2a. Malling Address				5. Certificate of Status Desired	. 🗆		Additional
21		26							equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6	 Election Campaign Financin Trust Fund Contribution 	ng 🖂	\$5.00 Added to	
City & State		City & State			7	Is this nonprofit corporation			
23		28] No	
Zip	Country	Zip	Country	,	8	3. This corporation owes or ha			
24	9. Name and Address of Current		30			Personal Property Tax due J Name and Address of New			☑ No
	S. Hame and Address of Current	Manager Agent	81	Name). Italie allo Audiess Ol Res	, nogisterau i	Agorit	
SPANIFI	r, ronald		90	Ctures	A defense i	(D.O. Downley to Mark Asses			
	RGUSON CT		82	Street	Address ((P.O. Box Number is Not Accel	brapie)		
SUITE 2			83						
NEW PO	ORT RICHEY FL 34652		84	City				85 Zip	Code
				,			FL	. ``	
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	and 617.1508, Florida Statute of Florida. Such change was a	s, the above uthorized by	e-named the corp	l corporati poration's	on submits this statement for the board of directors. I hereby a	he purpose of ocept the app	changing it ointment as	is registered registered
agent. i a	ım familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Statutes	i		·			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered Age	nt signature	e required whe	en reinstaling)	DATE		
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE t						☐ Change	☐ AdditIon
NAME	SPANIER, RONALD		1.2 NAME		i				
STREET ADDRESS	5627 FERGUSON CT #1205		1	1.3 STREET ADORESS					
CITY-ST-ZIP TITLE	NEW PORT RICHEY FL VPD SE DELETE			1.4 CITY-ST-ZIP				Change	Addition
NAME	***************************************			• · · · · · • · · · · · · · · · · ·		n			Z3 Rodillon
STREET ADDRESS	5677 FERGUSON CT #1102					ert Rosasco	77 m d 4	0000	
CITY-ST-ZIP	NEW PORT RICHEY FL		_	2.4 CITY-ST-ZIP N		O Ferguson Ct. Port Richey.	, unit FL 3/	1652	
TITLE	TD	DELETE	3.1 TITLE					Change	Addition
NAME	MACH, PHYLLIS		3.2 NAME		ļ				
STREET ADDRESS	5627 FERGUSON CT #1203		3.3 STREET ADDRE		1				
CITY-ST-ZIP	NEW PORT RICHEY FL	DELETE	3.4. CITY-S	T-ZIP	ļ			Change	Addition
TITLE NAME	SD ALLEN BOR		4.1 HILE 4. 2 NAME						L ADDITION
STREET ADDRESS	ALLEN, BOB 5640 FERGUSON COURT #23	10	4.3 STREET ADDRESS						
CITY-ST-ZIP			4,4 CITY - S						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME		(İ
STREET ADDRESS			5.3 STREET	address					
CITY-ST-ZIP		Dei eve	5.4 CITY - ST	r-zip	<u> </u>			<u> </u>	B # 2041
TITLE		DELETE	6,1 TITLE					Change	Addition
NAME OTREET ADDRESS			6.2 NAME	4000000					
STREET ADDRESS OTY-ST-ZIP			6.3 STREET 6.4 CITY - ST]				
with the last			■ U.7 OII 1 'O:	4.71					

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.

CIGNATURE, Phy1118 Mach WHAL WE CARE VI

//2//20 (813) 846-9208