


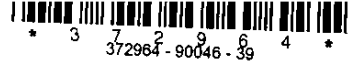
FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90093 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755587

1. Corporation Name
RIVERMIST CONDOMINIUM, INC.



Principal Place of Business 5640 UNIT 2300 FERGUSON COURT NEW PORT RICHEY FL 34652	Mailing Address 5640 UNIT 2300 FERGUSON COURT NEW PORT RICHEY FL 34652
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2351873
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SPANIER, RONALD 5627 FERGUSON CT SUITE 2107 NEW PORT RICHEY FL 34652	10. Name and Address of New Registered Agent 81 Name ALLEN, Robert L. 82 Street Address (P.O. Box Number is Not Acceptable) 5640 FERGUSON CT 83 Suite # 2310 84 City New Port Richey FL 85 Zip Code 34652
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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 Robert L. Allen President Robert L. Allen 1-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANIER, RONALD 5627 FERGUSON CT #1205 NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE STET	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President ALLEN, Robert L. 5640 Ferguson Ct #2310 NEW Port Richey FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSASCO, ROBERT 5640 FERGUSON CT UNIT 2309 NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V. PRESIDENT GIORGIO, JOE 5627 FERGUSON CT #1305 NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACH, PHYLLIS 5627 FERGUSON CT #1203 NEW PORT RICHEY FL <input type="checkbox"/> DELETE STET	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER MACH, Phyllis (SAME) <input type="checkbox"/> Change <input type="checkbox"/> Addition STET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, BOB 5640 FERGUSON COURT #2310 NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY DONLON, ANN 5640 FERGUSON CT #2209 NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANIER, RONALD 5627 FERGUSON CT #1205 NEW PORT RICHEY FL 34652 <input type="checkbox"/> DELETE NEW	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	* DUTTON, THOMAS 5640 FERGUSON CT #2305 NEW PORT RICHEY FL 34652 * Member AT LARGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, DAN 5640 FERGUSON CT # 2301 NEW PORT RICHEY FL 34652 <input type="checkbox"/> DELETE NEW	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD SPANIER RONALD 5627 FERGUSON CT #1205 NEW PORT RICHEY FL 34652 <input 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, with all other like empowered.

SIGNATURE: Robert L. Allen 1-6-99 Robert L. Allen 727-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 642-5554

CR2E037 (1/98)