FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 10 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761721** **(0)**

1. Corporation Name
RIVER'S EDGE ASSOCIATION INC.

Principal Place of Business	Mailing Address
PO BOX 540029 ORLANDO FL 32854 US	PO BOX 540029 ORLANDO FL 32854 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1982
3a. Date of Last Report: 03/07/1994
4. FEI Number: 04-5367089 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BENEDETTI, GEORGE R.
934 N MAGNOLIA AVENUE
SUITE 310
ORLANDO, 32803

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BENEDETTI, RONALD	1.2 NAME	DELETE
STREET ADDRESS	35 SUNFLOWER ST #70	1.3 STREET ADDRESS	200001454002
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	-04/12/95--01021--008 ****130.00 ****130.00
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BENEDETTI, GEORGE R	2.2 NAME	
STREET ADDRESS	PO BOX 540029 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BENEDETTI, LYDIA J	3.2 NAME	DELETE
STREET ADDRESS	35 SUNFLOWER ST #70	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SEC/DIT ☐ Change ☒ Addition
NAME		4.2 NAME	Judith L. Murray
STREET ADDRESS		4.3 STREET ADDRESS	934 N Magnolia Ave #310
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando Fl 32803
TITLE		5.1 TITLE	P ☐ Change ☒ Addition
NAME		5.2 NAME	Dave Galloway
STREET ADDRESS		5.3 STREET ADDRESS	1325 N Atlantic Ave #27
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cocoa Beach Fl 32931
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	fc

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)(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: Judith L. Murray 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034799