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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K86318

(8)

1. Corporation Name
RIVERHAVEN VILLAGE REALTY, INC.

Principal Place of Business
11309 WEST RIVERHAVEN DRIVE
HOMOSASSA FL 34448
US

Mailing Address
11309 WEST RIVERHAVEN DRIVE
HOMOSASSA FL 34448-3721
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1989	3a. Date of Last Report 03/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2947094	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADAMS, JAMES I. 11309 W RIVERHAVEN DRIVE HOMOSASSA FL 34448		81 Name Douglas W. Lewis 82 Street Address (P.O. Box Number is Not Acceptable) 11309 W. RIVERHAVEN DRIVE 83 84 City HOMOSASSA FL 85 Zip Code 34448	

11. Pursuant to the provisions of Sections 607.0507 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 *Douglas W. Lewis* DOUGLAS W. LEWIS, DIR. 4/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES I.	1.2 NAME	
STREET ADDRESS	11309 W RIVERHAVEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BARBARA S.	2.2 NAME	
STREET ADDRESS	11309 W RIVERHAVEN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	DOUGLAS W. LEWIS
CITY-ST-ZIP		3.4 CITY-ST-ZIP	53-53 DOUGLAS STREET
TITLE		4.1 TITLE	HOMOSASSA, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James I. Adams* JAMES I. ADAMS 4/21/97 552-128-2341

CR2E034 (9/96)