


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K 86318</b> 1. Corporation Name <b>RIVERHAVEN VILLAGE REALTY, INC.</b>		

Principal Place of Business <b>11309 WEST RIVERHAVEN DRIVE</b> <b>HOMOSASSA FL 34448</b> <b>US</b>	Mailing Address <b>11309 WEST RIVERHAVEN DRIVE</b> <b>HOMOSASSA FL 34448-3721</b> <b>US</b>
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2. Principal Place of Business <b>21 100 N. Wintersat AV</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Crystal River, FL 34429</b> Zip Country <b>24 34429 25 US</b>		2a. Mailing Address <b>26 P.O. Box 956</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Homosassa, FL</b> Zip Country <b>29 34487-0856 30 US</b>		3. Date Incorporated or Qualified <b>05/08/1989</b>	3a. Date of Last Report <b>04/21/1997</b>
				4. FEI Number <b>59-2947094</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				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 <b>Lewis, Douglas W.</b> <b>11309 W. Riverhaven Dr.</b> <b>Homosassa, FL 34448</b>		10. Name and Address of New Registered Agent <b>81 Name Adams, James I.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 100 N. Wintersat AV</b> <b>83</b> <b>84 City Crystal River FL 85 Zip Code 34429</b>	
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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 James I. Adams **James I. Adams, President** **6/22/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>PTD</b> NAME <b>Adams, James I.</b> STREET ADDRESS <b>11309 W. Riverhaven Dr.</b> CITY-ST-ZIP <b>Homosassa, FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PTD</b> 1.2 NAME <b>Adams, James I.</b> 1.3 STREET ADDRESS <b>100 N. Wintersat</b> 1.4 CITY-ST-ZIP <b>Crystal River, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VSD</b> NAME <b>Adams, Barbara S.</b> STREET ADDRESS <b>11309 W. Riverhaven Dr.</b> CITY-ST-ZIP <b>Homosassa, FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VSD</b> 2.2 NAME <b>Adams, Barbara S.</b> 2.3 STREET ADDRESS <b>100 N. Wintersat</b> 2.4 CITY-ST-ZIP <b>Crystal River, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>Lewis, Douglas W.</b> STREET ADDRESS <b>53-33 Douglas, St.</b> CITY-ST-ZIP <b>Homosassa FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **6/22/97** **352-663-2917**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)