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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

N01283

RIO VISTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 460 RIO VISTA LANE 410 RIO VISTA LANE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1984 04/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2960231 455 Rio Vista Lane 455 Rio Vista Lane X Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box n/a n/a Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Merritt Island, FL Merritt Island, FL 28 Trust Fund Contribution Added to Fees Çountry U.S.A. ^{Zp}32952 Country U.S.A. ^{Zip} 32952 8. This corporation has liability for intangible tax under s. 199.032, 29 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Ralph Bustamante ADOVASIO, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 455 Rio Vista Lane 82 410 RIO VISTA LANE 83 **MERRITT ILAND FL 32952** Merritt Island, FL 32952 84 City Merritt Island, FL 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 into or following 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 apply the change was found at the state of Florida Statutes. 11. Pursuant to the pro Ralph Bustamante (PD) SIGNATURE ADD: HONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE THILE 1) TITLE Change PD NAME ADOVASIO, DANIEL J 1.2 NAME Ralph Bustamante STREET ADDRESS 410 RIO VISTA LANE 1.3 STREET ADDRESS 455 Rio Vista Lane CITY - ST - ZIP MERRITT ISLAND FL 14 CHY-ST-ZIP Merritt Island, FL 3295 DELETE TITLE TD 21 TITLE TD NAME ROWE, LILLIAN 2.2 NAME Maria Acel **420 RIO VISTA LN** 2 3 STREET ADDRESS STREET ADDRESS 470 Rio Vista Lane CITY-ST-ZIP MERRITT ISLAND FL 2 4 CITY - ST-ZIP Merritt Island, FL 32952 DELETE [] Addition TITLE 3.1 TITLE ADVOSIA, PETA NAME 3.2 NAME Susan Buckman 410 RIO VISTA LANE 3 3 STREET ADDRESS STREET ADORESS 480 Rio Vista Lane MERRITT ISLAND FL CITY-ST-ZIP 3.4 CITY-ST-ZIP Merritt Island, FL DELETE ☐ Addition 4.1 TITLE VPD NAME BUSTAMANTE, RALPH 4. 2 NAME Moe Connor 455 RIO VISTA LANE 4.3 STREET ADDRESS STREET ADDRESS 425 Rio Vista Lane MERRITT ISLAND FL 4.4 CITY - ST- 7IP CITY-ST-ZIP <u>Merritt Island, FL</u> Addition DELETE TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CITY-ST-ZIP

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)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

th an address.

SIGNATURE:

NG OFFICER OR DIRECTOR Bustamante

CR2E037 (12/95)