


FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01283** (3)

1. Corporation Name

RIO VISTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 455 RIO VISTA LANE MERRITT ISLAND FL 32952 US	Mailing Address 455 RIO VISTA LANE MERRITT ISLAND FL 32952-5227 US
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3. Date Incorporated or Qualified 02/07/1984	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2960231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BUSTAMANTE, RALPH
455 RIO VISTA LANE
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name N/A	82 Street Address (P.O. Box Number is Not Acceptable) N/A
83 N/A	84 City N/A
85 Zip Code FL	

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 **N/A** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSTAMANTE, RALPH		1.2 NAME N/A	
STREET ADDRESS 455 RIO VISTA LANE		1.3 STREET ADDRESS N/A	
CITY-ST-ZIP MERRITT ISLAND FL		1.4 CITY-ST-ZIP N/A	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACEL, MARIA		2.2 NAME N/A	
STREET ADDRESS 470 RIO VISTA LANE		2.3 STREET ADDRESS N/A	
CITY-ST-ZIP MERRITT ISLAND FL		2.4 CITY-ST-ZIP N/A	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCKMAN, SUSAN		3.2 NAME N/A	
STREET ADDRESS 480 RIO VISTA LANE		3.3 STREET ADDRESS N/A	
CITY-ST-ZIP MERRITT ISLAND FL		3.4 CITY-ST-ZIP N/A	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNOR, MOE		4.2 NAME N/A	
STREET ADDRESS 425 RIO VISTA LANE		4.3 STREET ADDRESS N/A	
CITY-ST-ZIP MERRITT ISLAND FL		4.4 CITY-ST-ZIP N/A	
TITLE N/L	<input type="checkbox"/> DELETE	5.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		5.2 NAME N/A	
STREET ADDRESS N/A		5.3 STREET ADDRESS N/A	
CITY-ST-ZIP N/A		5.4 CITY-ST-ZIP N/A	
TITLE N/A	<input type="checkbox"/> DELETE	6.1 TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		6.2 NAME N/A	
STREET ADDRESS N/A		6.3 STREET ADDRESS N/A	
CITY-ST-ZIP N/A		6.4 CITY-ST-ZIP N/A	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ralph Bustamante** 4-20-97 (407) 853-0452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020062

CR2E037 (9/96)