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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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2. Principal Place of Business 21 430 RIO VISTA LANE Suite, Apt. #, etc. 22 City & State 23 Merritt Island, FL Zip 24 32952 Country 25 USA	2a. Mailing Address 26 430 RIO VISTA LANE Suite, Apt. #, etc. 27 City & State 28 MERRITT ISLAND, FL Zip 29 32952 Country 30 USA
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3. Date Incorporated or Qualified 02/07/1984	4. FEI Number 59-2960231	Applied For 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 HELEN S. STEGER 82 Street Address (P.O. Box Number Is Not Acceptable) 430 RIO VISTA LANE 83 84 City Merritt Island FL 85 Zip Code 32952

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 *Helen S. Steger* (NOTE: Registered Agent signature required when reappointing) DATE **4-21-98**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUSTAMANTE, RALPH	
STREET ADDRESS	455 RIO VISTA LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ACEL, MARIA	
STREET ADDRESS	470 RIO VISTA LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUCKMAN, SUSAN	
STREET ADDRESS	480 RIO VISTA LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CONNOR, MOE	
STREET ADDRESS	425 RIO VISTA LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEGER, HELEN S.	
1.3 STREET ADDRESS	430 RIO VISTA LANE	
1.4 CITY-ST-ZIP	Merritt Island, FL 32952	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOWHAY, ROYAL BRADLEY	
2.3 STREET ADDRESS	460 RIO VISTA LANE	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEGER, SUSAN E.	
3.3 STREET ADDRESS	130 RIO VISTA LANE	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUSTAMANTE, RALPH A.	
4.3 STREET ADDRESS	455 RIO VISTA LANE	
4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* **4/21/98** **(407) 453 0081**

CP2E037 (10/97)