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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N02453 (1)

1. Corporation Name

RIVERSIDE VILLAGE MOBILE HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
% JANE L. CORNETT 401 E. OSCEOLA ST., SUITE 102 STUART FL 34994-2501	% JANE L. CORNETT 401 E. OSCEOLA ST., SUITE 102 STUART FL 34994-2501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1984
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2491670 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

C/O JANE CORNET
WACKEEN, CORNETT & GOOGE, P.A.
401 EAST OSCEOLA STREET, SUITE 102
STUART 34995

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEBURY, BEVERLY 115-2505 NE INDIAN RIVER DR JENSEN BCH FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~D~~ ~~Vice Pres.~~ ☐ Change ☒ Addition Daniel O' Connor 321-2505 N.E. Indian River Drive Jensen Beach Fl 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMSTOCK, DUANE 222-2505 NE INDIAN RIVER DR JENSEN BEACH FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Vice Pres. ☐ Change ☒ Addition Tony Lawrence 208-2505 N.E. Indian River Drive Jensen Beach Florida 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D BIGHAM, KENNETH 2505 NE INDIAN RIVER DR JENSEN BCH FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice Pres. ☐ Change ☒ Addition Maurice Ritter 211-2505 Ne. E. Indian River Drive Jensen Beach Florida 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHER, MARY 2505 NE INDIAN RIVER DR JENSEN BCH FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WINANT, TED~~ ~~2505 NE INDIAN RIVER DR~~ ~~JENSEN BCH FL~~	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D ☒ Change ☐ Addition Gerald Fritz 2505 N.E. Indian River Drive Lot 324 Jensen Beach Fl 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, MARION 2505 NE INDIAN RIVER DR JENSEN BCH FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Marion J. Johnson Pres. MARION JOHNSON 2-20-95 1-407-334-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020000