

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **04/10/1984** 3a. Date of Last Report **03/02/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEBURY, BEVERLY	
STREET ADDRESS	115-2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMSTOCK, DUANE	
STREET ADDRESS	222-2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIGHAM, KENNETH	
STREET ADDRESS	2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHER, MARY	
STREET ADDRESS	2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRITZ, GERALD	
STREET ADDRESS	2505 NE INDIAN RIVER DR LOT 324	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MARION	
STREET ADDRESS	2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **Pres. D** ☒ Change ☐ Addition
12 NAME **Maurice Ritter**
13 STREET ADDRESS **105 N. E. Indian River Drive**
14 CITY-ST-ZIP **Jensen Beach Fl. 34957**
21 TITLE **D** ☒ Change ☐ Addition
22 NAME **Larry Ebersole**
23 STREET ADDRESS **105 N. E. Indian River Drive**
24 CITY-ST-ZIP **Jensen Beach Fl 34957**
31 TITLE **D** ☒ Change ☐ Addition
32 NAME **William "Bill" Carroll**
33 STREET ADDRESS **2505 N. E. Indian River Drive**
34 CITY-ST-ZIP **Jensen Beach Fl. 34957**
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE **D** ☐ Change ☐ Addition
52 NAME **Daniel O'Conner**
53 STREET ADDRESS **2505 N. E. Indian River Drive**
54 CITY-ST-ZIP **Jensen Beach Fl 34957**
61 TITLE **Sec/Treas** ☒ Change ☐ Addition
62 NAME **Marion Johnson**
63 STREET ADDRESS **2505 N. E. Indian River Drive**
64 CITY-ST-ZIP **Jensen Beach Fl 34957**

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 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 Johnson Sec/Treas. 4-19-96 1-407-334-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)