

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34994-2503

3. Date Incorporated or Qualified  
**04/10/1984**

3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2491670**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RITTER, MAURICE	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE LOT 211	
CITY-ST-ZIP	JENSEN BEACH FL	

1.1 TITLE	D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Braley, Melita	
1.3 STREET ADDRESS	2505 N. E. Indian River Dr. Lot 414	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EBERSOLE, LARRY	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, WILLIAM "BILL"	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	

3.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carroll, William "Bill"	
3.3 STREET ADDRESS	2505 N.E. Indian River Dr. Lot 417	
3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHER, MARY	
STREET ADDRESS	2505 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pocengal, Ed	
4.3 STREET ADDRESS	2505 N. E. Indian River Dr. Lot 229	
4.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'CONNER, DANIEL	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hamilton, William "Billy"	
5.3 STREET ADDRESS	2505 N. E. Indian River Dr. Lot 212	
5.4 CITY-ST-ZIP	Jensen Beach FL 34957	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARION	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	

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 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: *MARION JOHNSON* 2-6-97 561-334-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071648

CR2E037 (9/96)