

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 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 # **N02453** (1)
1. Corporation Name
RIVERSIDE VILLAGE MOBILE HOMEOWNERS, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
% 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		04/10/1984	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2491670	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		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				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	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRALEY, MELITA	1.2 NAME	LYNNE WERNER
STREET ADDRESS	2505 N.E. INDIAN RIVER DR., LOT 414	1.3 STREET ADDRESS	2505 NE INDIAN RIVER DR LOT 414
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERSOLE, LARRY	2.2 NAME	HANLEY PARKER
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	2.3 STREET ADDRESS	2505 NE INDIAN RIVER DR. LOT 225
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR - ACTING SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, WILLIAM "BILL"	3.2 NAME	Dan O'Connor
STREET ADDRESS	2505 N.E. INDIAN RIVER DR., LOT 417	3.3 STREET ADDRESS	2505 N.E. INDIAN RIVER DR. LOT 324
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	POCENGAL, ED	4.2 NAME	
STREET ADDRESS	2505 N.E. INDIAN RIVER DR., LOT 229	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HAMILTON, WILLIAM "BILLY"	5.2 NAME	
STREET ADDRESS	2505 N.E. INDIAN RIVER DR., LOT 212	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JOHNSON, MARION	6.2 NAME	
STREET ADDRESS	2505 NE INDIAN RIVER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	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: MARION JOHNSON (Marion Johnson) 3-6-98 561-354-9376

CR2E037 (10/97)