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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02453

1. Corporation Name

RIVERSIDE VILLAGE MOBILE HOMEOWNERS, INC.

Principal Place of Business

% JANE L. CORNETT
 401 E. OSCEOLA ST., SUITE 102
 STUART FL 34994-2501

Mailing Address

% JANE L. CORNETT
 401 E. OSCEOLA ST., SUITE 102
 STUART FL 34994-2501



2. Principal Place of Business

21 **2505 NE INDIAN RIVER** 26

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **JENSEN BEACH FL** 27

City & State

23 **34957 MARTIN** 28

Zip Country

24 25 29 30

City & State

Zip Country

3. Date Incorporated or Qualified

04/10/1984

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

9. Name and Address of Current Registered Agent

C/O JANE CORNETT
 WACKEN, CORNETT & GOUGE, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TREASURER** ☒ DELETE

NAME **WERNER, LYNNE**
 STREET ADDRESS **2505 NE INDIAN RIVER DRIVE LOT 216**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☒ DELETE

NAME **EBERSOLE, LARRY**
 STREET ADDRESS **2505 NE INDIAN RIVER DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **PD** ☐ DELETE

NAME **CARROLL, WILLIAM "BILL"**
 STREET ADDRESS **2505 N.E. INDIAN RIVER DR., LOT 417**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☒ DELETE

NAME **PARKER, NANCY**
 STREET ADDRESS **2505 NE INDIAN RIVER DR. LOT 225**
 CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE **D** ☒ DELETE

NAME **HAMILTON, WILLIAM "BILLY"**
 STREET ADDRESS **2505 N.E. INDIAN RIVER DR., LOT 212**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **STD** ☐ DELETE

NAME **JOHNSON, MARION**
 STREET ADDRESS **2505 NE INDIAN RIVER DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **VP**
 1.2 NAME **Schultz, Bonnie Lot 406**
 1.3 STREET ADDRESS **2505 NE Indian River Drive**
 1.4 CITY-ST-ZIP **Jensen Beach, Florida 34957**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Sec.**
 2.3 STREET ADDRESS **Campbell, Debbie Lot 317**
 2.4 CITY-ST-ZIP **2505 NE Indian River Drive**
Jensen Beach, Florida 34957

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
 3.3 STREET ADDRESS **O'Conner, Daniel Lot 324**
 3.4 CITY-ST-ZIP **2505 NE Indian River Drive**
Jensen Beach, Florida 34957

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **CHRIS NORTON**
 4.3 STREET ADDRESS **Lot 131**
 4.4 CITY-ST-ZIP **2505 NE INDIAN RIVER DRIVE**
JENSEN BEACH FL 34957

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **WERNER, LYNNE**
 5.3 STREET ADDRESS **Lot 216**
 5.4 CITY-ST-ZIP **2505 NE INDIAN RIVER DRIVE**
JENSEN BEACH FL 34957

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D**
 6.3 STREET ADDRESS **MARION JOHNSON Lot 315**
 6.4 CITY-ST-ZIP **2505 NE INDIAN RIVER DR.**
JENSEN BEACH FL 34957

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 1999

561-335-0300

Date

Daytime Phone #

CR2E037 (11/98)