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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N03592 (5)
1. Corporation Name
RIVER ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 560913 P.O. BOX 560913
ROCKLEDGE FL 32956-7913 ROCKLEDGE FL 32956-0913

3. Date Incorporated or Qualified 06/12/1984 3a. Date of Last Report 02/21/1996
4. FEI Number 59-2873775 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

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

HARLAN, LESLIE
185 RIVER ROAD CIR
ROCKLEDGE FL 32955

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	P	☐ DELETE
NAME	WAYNE, ENGLAND	
STREET ADDRESS	185 RIVER ROAD CIR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VD	☐ DELETE
NAME	BAYLISS, JON	
STREET ADDRESS	105 RIVER ROAD CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	STD	☐ DELETE
NAME	MOSHER, CAROL	
STREET ADDRESS	686 ROSSMOOR CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	☐ DELETE
NAME	CAMP, GLENN	
STREET ADDRESS	P.O BOX 560471 N/A	
CITY-ST-ZIP	COCOA FL 32923	
TITLE	D	☐ DELETE
NAME	MOSHER, THEODORE	
STREET ADDRESS	165 RIVER ROAD CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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: *Wayne England*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 407-636-7090
Date Daytime Phone # 0020324

CR2E037 (9/96)