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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06084

(0)

RIVER F	RIDGE ASSOCIATION, INC.								
Principal Place of Business Mailing Address								HB18 010H1 1001	
C/O PEEK & COBB. P.A. 1301 RIVERPLACE BLVD., SUITE 1609 JACKSONVILLE FL 32207 C/O PEEK & COBB. P.A. 1301 RIVERPLACE BLVD., SU JACKSONVILLE FL 32207-903							Data taxaranand or Outline	I 22 Data of Loca	Damad
							3. Date Incorporated or Qualified 11/08/1984	3a. Date of Last 07/29/19	196
2. Principal P	Principal Place of Business 2a. Mailing Address			4		1	4. FEI Number	`	Applied For
21 26							NOT APPLICABLE		Not Applicable
 1	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	1 1 +	Additional Required
22 27 City & State City & State					•	6. Election Campaign Financing		_ <u>'</u>	
23	28						Trust Fund Contribution		O May Be d to Fees
Zip	Country Zip			Country			B. This corporation has liability for intangible tax under s. 199.032,		
24	25					Florida Statutes			
	9. Name and Address of Curren	nt Registered Ag	ent				10. Name and Address of New Re	gistered Agent	
				81	Name				
	JGENE G III			82	Street	Addres	ss (P.O. Box Number is Not Acceptal	ole)	
C/O PEEK & COBB, P.A.			83	ļ	· · · · · · · · · · · · · · · · · · ·				
1301 RIVERPLACE BLVD., SUITE 1609 JACKSONVILLE FL 32207				63					
JACKSUI	WILLE FL 3220/			84	City			FL 85 Zip	o Code
11 Purcuent	to the provisions of Sections 617 050	12 and 617 1508	Florida Statuto	e the show	e-named	corno	ration submits this statement for the r		ite registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such	change was a	ulhorized b	y the corp	poratio	ration submits this statement for the p n's board of directors. I hereby acce	ot the appointment a	is registered
-	m lamiliar with, and accept the obliga	ations of, Section	617.0003, FIO	rioa siaiule	8.				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it applicable	. (NOTE	: Registered Ag	ent signature	required	i when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	D	ι	DELETE	1.1 TITLE		D/I	?	Change	Addition
NAME	ARMSTRONG, BETTY G	•		1.2 NAME					
STREET ADDRESS	5222-1 SAN JOSE BLVD-UNIT JACKSONVILLE FL 32207	1			I ADDRESS				
CITY-ST-ZIP TITLE	D D		DELETE	1.4 CITY - 2 1 TITLE	ST-ZIP	D /T		Change	Addition
NAME	ARMSTRONG, BETTY G			2.2 NAME		D/F		Za Ottange	
STREET ADDRESS	5222-2 SAN JOSE BLVD-UNIT	2			T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207	-		2 4 CITY-					
TITLE	0	7	DELETE	3 1 TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	NOON, J. KENNETH E		•	3.2 NAME					
STREET ADDRESS	5222-3 SAN JOSE BLVD-UNIT	3		3 3 STREE	1 ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			3 4. CITY-	ST-ZIP	ļ			
TITLE		Į	DELFTE	4,1 TITLE		D/F		Change	Addition
NAME	•			4 2 NAME			nstrong, Betty G.		
STREET ADDRESS					T ADDRESS		22-3 San Jose Blvd		
CITY-ST-ZIP TITLE			DELETE	4 4 CITY - 5 1 THILE	SI-ZIP	Jac	ksonville, Florida	32207 Change	Addition
NAME		·		5.2 NAME		S	ek, Eugene G. III	L_1 Onange	A ROUIIION
STREET ADDRESS					T ADDRESS	130)l Riverplace Boulev	ard, Suite	1609
CITY-ST-ZIP				5 4 CITY-			ksonville, Florida		1007
TITLE			DELETE	6 1 TITLE	11	- 		☐ Change	Addition
NAME				6.2 NAME				_	
STREET ADDRESS				6 3 STREE	T ADDRESS				
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	L_			
14. do heret	by certify that the information supplies	d with this filing o	loes not qualify	y for the exe	emption s	tated i	in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the
l am an o appears i	flicer or director of the corporation or n Block 12 or Block 13 if changed, o	the receiver or t r on an attachm	ustee empoye et with an add	ered to exer ress.	oute this r	report a	ny signature shall have the same lega as required by Chapter 617, Florida S	a enect as it made t Statutes; and that my	name