

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07735 (6)

1. Corporation Name

RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O ALLEN MUELLING
6407 CANE RUN DRIVE
NEW PORT RICHEY FL 34652-9213
US

C/O ALLEN MUELLING
6407 CANE RUN DRIVE
NEW PORT RICHEY FL 34652-9213
US

3. Date Incorporated or Qualified

02/19/1985

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUELLING, ALLEN B
6407 CANE RUN DRIVE
NEW PORT RICHEY FL 34652**

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

T
NAME
MUELLING, ALLEN B
STREET ADDRESS
6407 CANE RUN DRIVE
CITY-ST-ZIP
NEW PORT RICHEY FL

☐ DELETE

P
NAME
HAACK, ORVIE
STREET ADDRESS
6545 CANERUN DR
CITY-ST-ZIP
NEW PORT RICHEY FL

☒ DELETE

D
NAME
COLANTONIO, BERNADETTE
STREET ADDRESS
6527 BRANDON DR.
CITY-ST-ZIP
NEW PORT RICHEY FL

☐ DELETE

S
NAME
KAISER, MARION
STREET ADDRESS
6530 BRANDON DR.
CITY-ST-ZIP
NEW PORT RICHEY FL

☐ DELETE

D
NAME
PAVLAT, MARJORIE
STREET ADDRESS
6416 PRESTON DRIVE
CITY-ST-ZIP
NEW PORT RICHEY FL

☒ DELETE

D
NAME
MUELLING, LUCILLE
STREET ADDRESS
6407 CANE RUN DRIVE
CITY-ST-ZIP
NEW PORT RICHEY FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**D. VAN LENTE, EARL
6415 PRESTON DRIVE
NEW PORT RICHEY, FL. 34652**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **ALLEN MUELLING** *Allen Muelling* **04/01/96** **813-817-0063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)