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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT # N07735

(6)

| 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 NEW PORT RICHEY FL 34652-9213 | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|-----------------------------|--|--------------------------------------|
| US 2. Principal Place of Business | | | US | | | | 3. Date Incorporated or Qualified 02/19/1985 | | ate of Las 04/19/ | • | |
| 2. Friticipal P | race of Busine | SS | 2a. Mailing Addres | 3\$ | | | | 4. FEI Number 23-5222185 | | N/ | Applied For |
| Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | | Not Applicat 5 Additional Required | |
| City & Stat | te | | City & State | | | | | 6. Election Campaign Financing | | | 00 May Be |
| Zip | | Country | 28 | 1 6 | | | | Trust Fund Contribution | | | ed to Fees |
| 4] ² (P | 1 | Country ⊇5 | Z _i p | 30 Cour | itry | | | 8. This corporation has liability for in Florida Statutes | iritangible ta | _ | s. 199.032, |
| | | and Address of Curren | | 1961 | | | | 10. Name and Address of New R | | | |
| | | | | | 81 | Name | | | | * | |
| | ING, ALLEN I | | | L | B2 | Street Addres | | ess (P.O. Box Number is Not Acceptable) | | | |
| 6407 CANE RUN DRIVE | | | | | | ļ. . | | | | | |
| NEW PO | ORT RICHEY | FL 34652 | | [| B3 | | | | | | |
| | | | | ļ. | 84 | City | | | FL | 85 Z | ip Code |
| or registe familiar w | ered agent, or b vith, and accept | ns of Sections 617,0502 both, in the State of Florid t the obligations of, Section | and 617.1508, Florida da. Such change was au on 617.0503, Florida St | Statutes, the above athorized by the contract stutes. | e-nar orpora | med co ation's | orporat board | ion submits this statement for the pur of directors. I hereby accept the appo | pose of cha pintment as | anging its registere | registered off d agent. I am |
| SIGNATURE | nin, and accep | printed name of registered agent a | and title if applicable. | (NOTE: Registered A | | | | vhon renstatingi | DATE | <u>-</u> | |
| rairiilai vy | nin, and accep | the congalions of, Section | and title if applicable. | (NOTE: Registered A | gort si | | | | DATE CERS AND | DIRE ĈTO | ORS IN 12 |
| SIGNATURE 12. | Signature, typed or | printed name of registered agent a | and title if applicable. DIRECTORS | (NOTE: Registered A | gort si | | | vhon renstatingi | DATE CERS AND | <u>-</u> | |
| SIGNATURE 12. FITLE VAME STREET ADDRESS | Signature, typed or T MUELLIN 6407 CA | printed name of registered agent a OFFICERS AND G, ALLEN B NE RUNE DRIVE | and title if applicable. DIRECTORS | (NOTE: Registered A | gent si E ME | ignature n | | vhon renstatingi | DATE CERS AND | DIRE ĈTO | ORS IN 12 |
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SIGNATURE: ALLEN MUELLING OF SIGNING OF

Muelling 04/01/96 813-817-0063