


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
4. FEI Number 23-5222185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Country
24 Country	29 Zip
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	T	<input type="checkbox"/> DELETE
NAME	MUELLING, ALLEN B	
STREET ADDRESS	6407 CANE RUN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PICKE, ARNOLD	
STREET ADDRESS	6415 CANE RUN DR	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COBB, HELEN	
STREET ADDRESS	6402 CANE RUN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAACK, FLORENCE	
STREET ADDRESS	6401 CANE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN LENTE, EARL	
STREET ADDRESS	6415 PRESTON DRIVE	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARWOLD, BESSIE	
STREET ADDRESS	6505 CARLY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Lucille Muelling	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	6407 CANE RUN DR	
1.3 STREET ADDRESS	Pres	
1.4 CITY-ST-ZIP	New Port Richey, FL	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARNOLD DICKE	
2.3 STREET ADDRESS	6415 CANE RUN	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Allen B Muelling* Treas.

CR2E037 (10/97)