

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 # N08050 (9)

1. Corporation Name
RIVERVIEW MOBILE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 973, HOMOSASSA FL 34487 US
Mailing Address: P.O. BOX 973, HOMOSASSA FL 34487 US

3. Date Incorporated or Qualified: **03/08/1985**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **59-3074985**
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**COX, ALVAH L. JR. C
2424 N. ESSEX AVENUE
HERNANDO FL 34442**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: SEPE, BENEDICT STREET ADDRESS: 11615 W. BRIGHTWATER CT. CITY-ST-ZIP: HOMOSASSA FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
TITLE: VPD NAME: SIPULA, ORVILLE STREET ADDRESS: 11639 W. BRIGHTWATER CT. CITY-ST-ZIP: HOMOSASSA FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: TPS NAME: KNAPP, C. J STREET ADDRESS: 11599 W. CLEARWATER CT. CITY-ST-ZIP: HOMOSASSA FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: D NAME: FIZER, JOHN STREET ADDRESS: 5708 GARCIA RD. CITY-ST-ZIP: HOMOSASSA FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: D NAME: SLAUGHT, JAMES STREET ADDRESS: 11685 W. CLEARWATER CT. CITY-ST-ZIP: HOMOSASSA FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	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 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 in an attachment with an address.

SIGNATURE: X *Colbert J. Knapp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-1-96

Date

X 628-9934

Daytime Phone #

CR2E037 (12/95)