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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N09534 (1)

1. Corporation Name

RIO VILLA NORTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
513 VELAS CORTE INDIALANTIC FL 32903 US	RIO VILLE NORTH HOMEOWNERS ASSOCIATION POST OFFICE BOX 33214 INDIALANTIC FL 32903-0214 US

3. Date Incorporated or Qualified: 05/30/1985
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21 560 VERACRUZ BOULEVARD
Suite, Apt. #, etc. 22
City & State 23 INDIALANTIC, FLORIDA
Zip 24 32903 Country 25 USA

2a. Mailing Address
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2824294 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

MEIER, JANICE E.
513 VELAS CIRCLE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: KUHLMAN, JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable): 560 VERACRUZ BOULEVARD
83
84 City: INDIALANTIC FL 85 Zip Code: 32903

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: JOSEPH P. KUHLMAN PRESIDENT 3 FEBRUARY 1997
(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	☐ DELETE	1.1 TITLE	PD	PRESIDENT - DIRECTOR ☒ Change ☐ Addition
NAME	MEIER, JANICE		1.2 NAME		KUHLMAN, JOSEPH
STREET ADDRESS	513 VELAS COURT		1.3 STREET ADDRESS		560 VERACRUZ BOULEVARD
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY-ST-ZIP		INDIALANTIC, FL 32903
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	1ST. VICE PRESIDENT- DIRECTOR ☒ Change ☐ Addition
NAME	KUHLMAN, JOSEPH		2.2 NAME		CONRAD, JULIE
STREET ADDRESS	560 VERACRUZ BLVD		2.3 STREET ADDRESS		454 BELL CAMINO WAY
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP		INDIALANTIC, FL 32903
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	2ND. VICE PRESIDENT- DIRECTOR ☒ Change ☐ Addition
NAME	STEARNS, RICHARD		3.2 NAME		LOCKE, JEFFREY
STREET ADDRESS	541 RIO BELLO CORTE		3.3 STREET ADDRESS		518 VERACRUZ BOULEVARD
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP		INDIALANTIC, FL 32903
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIORI, SUSAN		4.2 NAME		
STREET ADDRESS	463 VERACUZ BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOUCHECK, JOHN		5.2 NAME		
STREET ADDRESS	505 VELAS CORTE		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [illegible] REQUIRED 3 FEBRUARY 1997 (407) 951-6769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018571