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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
560 VERACRUZ BLVD 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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KUHLMAN, JOSEPH
560 VERACRUZ BLVD
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: Jeffrey Locke
82 Street Address (P.O. Box Number Is Not Acceptable): 518 Veracruz Blv
83: Indialantic
84 City: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	KUHLMAN, JOSEPH		1.2 NAME	Scarantos Naureis	
STREET ADDRESS	560 VERACRUZ BLVD		1.3 STREET ADDRESS	554 Veracruz Blv	
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY-ST-ZIP	Ind Fl 32903	
TITLE	VPD	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	CONRAD, JULIE		2.2 NAME	John Cacciatore	
STREET ADDRESS	454 BELL CAMINO WAY		2.3 STREET ADDRESS	565 Veracruz Blv	
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP	Ind Fl 32903	
TITLE	VPD	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	LOCCKE, JEFFREY		3.2 NAME		
STREET ADDRESS	518 VERACRUZ BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	FIORI, SUSAN		4.2 NAME	Kateri E. Genna	
STREET ADDRESS	463 VERACUZ BLVD		4.3 STREET ADDRESS	566 Veracruz Blv	
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP	Ind Fl 32903	
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 (10/97)

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: Kateri E. Genna Kateri E. Genna 4/30/98 7738006