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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09534

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

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

3. Date Incorporated or Qualified: 05/30/1985

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

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOCKE, JEFFREY
518 VER CRUZ BLVD
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: George Paul
82 Street Address (P.O. Box Number Is Not Acceptable): 595 Bella Vista Ct
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: George Paul DATE: 3/1/99
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SARANTOS, MAURELIS		1.2 NAME		
STREET ADDRESS	554 VERA CRUZ BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	CACHIATORE, JOHN		2.2 NAME	George Paul	
STREET ADDRESS	565 VERA CRUZ BLVD		2.3 STREET ADDRESS	595 Bella Vista Ct	
CITY-ST-ZIP	565 INDIANLANTIC FL 32903		2.4 CITY-ST-ZIP	Indialantic FL 32903	
TITLE	VPD	☑ DELETE	3.1 TITLE	Treas	☑ Change ☐ Addition
NAME	LOCCKE, JEFFREY		3.2 NAME	Jerome V. Copley	
STREET ADDRESS	518 VERACRUZ BLVD		3.3 STREET ADDRESS	529 Marina Ct	
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP	Indialantic FL 32903	
TITLE	T	☑ DELETE	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	GENNA, KATERI R		4.2 NAME	Genna Kateri R	
STREET ADDRESS	566 VERA CRUUZ BLVD		4.3 STREET ADDRESS	566 Vera Cruz Blvd	
CITY-ST-ZIP	INDIALANTIC FL		4.4 CITY-ST-ZIP	Indialantic FL	
TITLE	TD	☑ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	SOUCHECK, JOHN		5.2 NAME	Patrick J Cappolla	
STREET ADDRESS	505 VELAS CORTE		5.3 STREET ADDRESS	542 Vera Cruz Blvd	
CITY-ST-ZIP	INDIALANTIC FL		5.4 CITY-ST-ZIP	Indialantic FL 32903	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED George Paul 3/1/99 407-773-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #