

CORPORATION ANNUAL REPORT 1995



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

FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N13151 (8)
 1. Corporation Name
THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~618 U.S. HWY ONE #402~~ ~~618 U.S. HWY ONE #402~~
~~N. PALM BEACH FL 33408~~ ~~N. PALM BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1986** 3a. Date of Last Report: **04/14/1994**
 4. FEI Number: **59-2629943** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required:
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **266 River Park Drive** 26 **266 River Park Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **Jupiter, FL** 28 **Jupiter, FL**
 Zip Country Zip Country
 24 **33477** 25 29 **33477** 30

9. Name and Address of Current Registered Agent
SMYTH, HAUCK & COOPER, PA CPAS
618 U.S. HWY. ONE, #401
N. PALM BCH FL 33408

10. Name and Address of New Registered Agent
 B1 Name: **Edward Dicker of St John King Dicker**
 B2 Street Address (P.O. Box Number is Not Acceptable): **500 Australian Ave S**
 B3 **West Palm Beach**
 B4 City: **FL** B5 Zip Code: **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Edward Dicker* **Edward Dicker** DATE: **2/10/95**

12. OFFICERS AND DIRECTORS

TITLE	TO
NAME	MARTIN, DIANE
STREET ADDRESS	3014 30TH CT
CITY - ST - ZIP	JUPITER FL
TITLE	PD
NAME	AMIR, GRAMIAN (Same)
STREET ADDRESS	2808 28TH COURT
CITY - ST - ZIP	JUPITER FL 33477
TITLE	VD
NAME	KETCHAM, DEBORAH
STREET ADDRESS	3059 30TH CT
CITY - ST - ZIP	JUPITER FL
TITLE	SD
NAME	TIANO, JOE
STREET ADDRESS	2718 27TH CT.
CITY - ST - ZIP	JUPITER FL
TITLE	VD
NAME	BARTELS, CAROL
STREET ADDRESS	3211 32ND CT
CITY - ST - ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	3rdVPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Clerico, Virgil
13 STREET ADDRESS	3242 32nd Court
14 CITY - ST - ZIP	Jupiter, FL 33477
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	2nd VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ketcham, Deborah
33 STREET ADDRESS	3059 30th Court
34 CITY - ST - ZIP	Jupiter, FL 33477
41 TITLE	1stVP/Sd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Tiano, Joseph
43 STREET ADDRESS	2718 27th Court
44 CITY - ST - ZIP	Jupiter, FL 33477
51 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Bartels, Carol
53 STREET ADDRESS	3211 32nd Court
54 CITY - ST - ZIP	Jupiter, FL 33477
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 recipient 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: *Virgil Clerico* **Virgil Clerico** DATE: **3/21/95** 407-743-0762