

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 10 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>266 RIVER PARK DRIVE JUPITER FL 33477 US</b>	Mailing Address <b>266 RIVER PARK DRIVE JUPITER FL 33477-9384 US</b>
--	---

3. Date Incorporated or Qualified <b>01/24/1986</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-2629943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**DICKER, EDWARD**  
**600 AUSTRALIAN AVE S**  
**WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLERICO, VIRGIL	1.2 NAME	
STREET ADDRESS	3242 32 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIR, GRAMIAN	2.2 NAME	Gramian, Amir
STREET ADDRESS	2806 28TH COURT	2.3 STREET ADDRESS	2806 28th Court
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, LUCILLE	3.2 NAME	
STREET ADDRESS	2923 29 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIANO, JOSEPH	4.2 NAME	Tiano, Joseph
STREET ADDRESS	2718 27TH COURT	4.3 STREET ADDRESS	2718 27th Court
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTELS, CAROL	5.2 NAME	Platt, Edward
STREET ADDRESS	3211 32 CT	5.3 STREET ADDRESS	2414 24th Court
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 handled, or in an attachment with an address.

CR2E037 (9/96)