FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra By Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13151 (8)												
THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC.												
THE III	VEII NON	IIII HOMEON	INCHO NO	OCCIATION, IN	ιο,							NI BHAN IABI
Principal Place of Business				Mailing Address								
		-		· ·								
266 RIVER PARK DRIVE Jupiter FL 33477				266 RIVER PARK DRIVE JUPITER FL 33477					3. Date Incorporated or Qualified			
US				US					01/24/1986 4. FEI Number Applied For			
									59-2629943			t Applicable
2. Principal Place of Business				2a. Mailing Address						\$8.75 /		
21				26					5. Certificate of Status Desired		Fee Re	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing	9	\$5.00	Aay Be
22				27					Trust Fund Contribution		Added to	
City & State				City & State					7. Is this nonprofit corporation		ers association	17
Zip Country			28	Zip			Country		8. This corporation owes or has			analble
24	¬ ` ⊢		29		30				Personal Property Tax due J	•] No
		and Address of C		stered Agent					10. Name and Address of New		i Agent	
						81	Name	lear	r & Poliakoff			
DICKER, EDWARD							Street A	Addres	ss (P.O. Box Number is Not Acce astralian Ave S	otable)		
500 AUSTRIALIAN AVE S							<u>500</u>	Αι	ustralian Ave S	outh		
WEST PALM BEACH FL 33401						83	9th	F1	loor			
						104					L 85 Zip 0	ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.							Wes	t l	Palm Beach,	F	of changing it	U L
office or re	egi ste red ag	ent, or both, in the	State of Flori	da Such change we	as autho	rized by	the corp	oratio	on's hoard of directors. I hereby ac	cept the ap	ppointment as	registered
		th, and accept the			/ Fiorida	Signes	//	フ		57	10/9	(/)
SIGNATURE .	Signature, typed	or printed name of register	red agent and title	e if applicable.	NOTE TO	isteres Aper	ni signature	Tequired	d when reinstaling)	DATE	3/ /	0
12.		OFFICER	S AND DIRE			13 .	_		ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	VPTD			Z pelete	Ψ.	11 TITLE					Change	■ Addition
NAME	CLERICO, VIRGIL					1.2 NAME						
STREET ADDRESS	3242 32					1.3 STREET						
CITY-ST-ZIP TITLE	JUPITER FL VPD			☐ DELETE		1.4 CiTY-ST-ZIP 2.1 TITLE					Change	Addition
NAME	GRAMIAN, AMIR					2.2 NAME					— ·	_
STREET ADDRESS	2806 28TH COURT						2.3 STREET ADDRESS					
CITY-ST-ZIP	T						2. 4 CITY-ST-ZIP					
TITLE	VPD			☐ DELETE		3.1 TITLE					Change	Addition
NAME		ON, LUCILLE				3.2 NAME						
STREET ADDRESS	29 23 29					3.3 STREET						
CITY-ST-ZIP	JUPITER	I FL		DELETE		3.4. CITY-S	T-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE	PD	IOCEON		□ nerete		4.1 TITLE 4. 2 NAME					T CHOUNG	L AUDITION
NAME STREET ADDRESS	TIANO, .	IUSEPH TH COURT				4. 2 NAME 4.3 STREET :	ADDRESS					
CITY-ST-ZIP	JUPITER					4.4 CITY-ST						
TITLE	\$D	1 1 to		☐ DELETE		5.1 TITLE					Change	Addition
NAME		EDWARD				5.2 NAME						
STREET ADDRESS		TH COURT				5.3 STREET	ADDRESS					
CITY-ST-ZIP	JUPITER					5.4 CITY-SI	T-ZIP					
TITLE				☐ DÉLETE		6.1 TITLE					Change	Addition
NAME	:					6.2 NAME						
STREET ADDRESS	*					6.3 STREET						
CITY-ST-ZIP						6.4 CITY - ST	T-ZIP					

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 3 if changed, or organ attachment with an address. **にしているこうでに**る

FILED

May 19 1998 8:00am

Secretary of State