## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

04-07-1999 90012 040 \*\*\*\*61.25

## DOCUMENT # N13151

1. Corporation Name

THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busine	S
266 RIVER PARK DRIVE JUPITER FL 33477 US	

Mailing Address

266 RIVER PARK DRIVE



JUPITER FL 33477 US  JUPITER FL 33477 US								
			-					
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	-		
21		26			01/24/1986			-# J F
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number 59-2629943	en got alter	<del>    - '</del>	oplied For ot Applicable
	a frage of the second	City & State						Additional
City & State	8	28			5. Certifcate of Status Desired			equired
23   Zip	Country	Zip	Country	<del>,</del>	6. Election Campaign Financing		\$5.00	May Be
24	25	29 30	]		Trust Fund Contribution			to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered A	gent	
	•		81	Name				
BECKER 8	BECKER & POLIAKOFF				dress (P.O. Box Number is Not Accepta	ible)		
	RALIAN AVE S							
9TH FLOO			83					
W PALM E	33401	•	84	City		E1	85 Zip	Code
				<u> </u>		FL.	hansina ita	rogistored
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 617.1506, Florida Statutes, Florida. Such change was authons of, Section 617.0503, Florida	orized by Statutes	the corpora	rporation submits this statement for the tion's board of directors. I hereby accept	t the appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	- July Manalisable (NOTE: Per	leterad Aga	at elanature rea	ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent		13.	ili signatora rado	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	VPTD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	CLERICO, VIRGIL		1.2 NAME					
STREET ADDRESS	3242 32 CT		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CITY-S	ST-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	GRAMIAN, AMIR		2.2 NAME					
STREET ADDRESS	2806 28TH COURT		2.3 STREE	T ADDRESS				
~Cπγ-st-zi₽	JUPITER FL: ~		2.4 CITY-	ST-ZIP	<u> </u>		<u> </u>	
TITLE	VPD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	SWANSON, LUCILLE		3.2 NAME					
STREET ADDRESS	2923 29 CT		3.3 STREE	TADDRESS		•		
CITY-ST-ZIP	JUPITER FL		3.4. CITY-1	ST-ZIP			Chapes	- Addition
TITLE	PD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	TIANO, JOSEPH		4. 2 NAME					
STREET ADDRESS	1			TADDRESS				
CITY-ST-ZIP	JUPITER FL	☐ DELETE	4.4 CITY-5	ST-ZIP			Change	Addition
TITLE	SD STATE FORMADD	☐ DETE IE	5.1 TITLE 5.2 NAME				\$101.90	
NAME	PLATT, EDWARD			T ADDRESS				
STREET ADDRESS			5.4 CITY-S			:		
CITY-ST-ZIP	JUPITER FL	□ DELETE	6.1 TITLE			<del>-:</del>	Change	Addition
		Decere	6.2 NAME					_
NAME CTREET ADDOCCC				T ADDRESS				
STREET ADDRESS			6.4 CITY-5					
CITY-ST-ZIP	İ		V					

CITY-ST-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 13 if Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: