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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N13379 (5)

1. Corporation Name

RIVERVIEW ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 E HAITI ST CLEWISTON FL 33440	425 E HAITI ST CLEWISTON FL 33440

3. Date Incorporated or Qualified: 02/07/1986

4. FEI Number: 59-2634211 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REDISH, CARROL W. JR 3531 HWY 27 S SEBRING FL	81 Name: LeRoy Hare 82 Street Address (P.O. Box Number is Not Acceptable): 425 East Haiti Ave. 83 84 City: Clewiston FL 85 Zip Code: 33440-4699

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 _____ 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REDISH, CARROL W. JR.		1.2 NAME		
STREET ADDRESS	3531 HWY 27 S		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARE, LEROY		2.2 NAME	LeRoy Hare	
STREET ADDRESS	425 E HAITI		2.3 STREET ADDRESS	425 E. Haiti	
CITY-ST-ZIP	CLEWISTON FL 33440		2.4 CITY-ST-ZIP	Clewiston, Fl 33440-4699	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, SARAH D.		3.2 NAME		
STREET ADDRESS	725 LAUREL ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME			4.2 NAME	Joyce T. Addison	
STREET ADDRESS			4.3 STREET ADDRESS	Central Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clewiston, FL. 33440	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

LS 6.3

Dep. $61.25

CR2E037 (10/97)

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.

SIGNATURE: _____ 4/27/98