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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13379

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

2. Principal Place of Business 21 10614 Berner Lane 22 Suite, Apt. #, etc. 23 City & State: Riverview FL 24 Zip: 33569 25 Country: USA	2a. Mailing Address 26 10614 Berner Lane 27 Suite, Apt. #, etc. 28 City & State: Riverview FL 29 Zip: 33569 30 Country: USA	3. Date Incorporated or Qualifed: 02/07/1986 4. FEI Number: 59-2634211 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARE, LEROY
425 EAST HAITI AVE.
CLEWISTON FL 33440-4699

10. Name and Address of New Registered Agent

81 Name: Henry B. Blakey SR.
82 Street Address (P.O. Box Number is Not Acceptable): 10614 Berner Rd.
83
84 City: Riverview FL 85 Zip Code: 33569

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: Henry B. Blakey SR., P/D — Henry B Blakey Sr. — 2/5/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADDISON, JOYCE T CENTRAL AVE CLEWISTON FL 33440	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Henry B. BlaKey SR. 10614 BERNER Lane River View, FL. 33569	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARE, LEROY 425 E HAITI CLEWISTON FL 33440	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Joseph S. BLakey 405 Miller Mac Rd. apollo Beach, FL. 33572	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERKINS, SARAH D. 725 LAUREL ST CLEWISTON FL 33440	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T/D Kathleen Y. Blakey 10614 BERNER Lane Riverview Fl 33569	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: X Henry B Blakey SR — SIGNATURE REQUIRED
X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry B. Blakey SR

2/5/99 — Date

(813) 677-0470 — Daytime Phone #