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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N16212 (5)

1. Corporation Name

RIO VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5620-2 N. BANANA RIVER BLVD.
#2
COCOA BEACH FL 32931
US

102 COLUMBIA DRIVE
STE. 105
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMMERUDE, MARY
102 COLUMBIA AVE.
STE. 105
CAPE CANAVERAL FL 32920

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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
NAME SABATINO, ANTHONY
STREET ADDRESS 5620-2 N. BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VPD
NAME YOUNGMAN, LEW
STREET ADDRESS 5610-1 N. BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE STD
NAME VENTIMIGLIA, ELIZABETH
STREET ADDRESS 5620-3 N. BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D
NAME PAPANDREA, JOSEPH
STREET ADDRESS 5610-3 N. BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BCH. FL 32931

TITLE D
NAME LOMBARDO, GASPAREL
STREET ADDRESS 5660-3 N. BANANA RIVER BLVD.
CITY-ST-ZIP CAPE CANAVERAL FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

A. Sabatino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Daytime Phone #

CR2E037 (12/95)