FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:51

DOCUMENT # **N18057** **(2)**

1. Corporation Name
RIVER GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1451 JENNINGS LA A. ROCKLEDGE FL 32955 US	4151 JENNINGS LA S ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2751150 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STEVENSON, CARLOTTA
1435 N. JENNINGS LANE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: Judith E. Wilkie
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1451 Jennings La. S.
84 City: Rockledge FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Judith Wilkie — Judith Wilkie — 5/15/95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAY, MARY	1.2 NAME	
STREET ADDRESS	1432 N. JENNINGS LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	CLOW, BOB	2.2 NAME	
STREET ADDRESS	1447 S. JENNINGS LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, CARLOTTA	3.2 NAME	
STREET ADDRESS	1435 N. JENNINGS LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE. FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILKIE, JUDITH	4.2 NAME	
STREET ADDRESS	1451 S. JENNINGS LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, JAMES L.	5.2 NAME	
STREET ADDRESS	1433 N. JENNINGS LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MELANSON, GILBERT	6.2 NAME	
STREET ADDRESS	1440 N. JENNINGS LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

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)(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: Judith E. Wilkie — 4/21/95 — (407) 636-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
633-3610

0036804