FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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	1451 ~~4464~~ JENNINGS LA S ROCKLEDGE FL 32955 US

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 05/01/1995
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
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 1451 JENNINGS LA S
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ROCKLEDGE	City & State 28 FLORIDA
Zip 24 32955 Country 25	Zip 29 32955 Country 30 BREVARD

9. Name and Address of Current Registered Agent

WILKIE, JUDITH E.
1451 1435 N. JENNINGS LANE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1451 JENNINGS LA S.
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 Judith Wilkie (Judith Wilkie) 4/15/96
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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Wilkie (Judith Wilkie) 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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