


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18057 (2)
1. Corporation Name
RIVER GROVES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1451 JENNINGS LA A. 32955EDGE FL 32955 US		Mailing Address 1451 JENNING LA S ROCKLEDGE FL 32955 US		3. Date Incorporated or Qualified 12/03/1986
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2751150
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24		25		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26		27		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
28		29		
30				

9. Name and Address of Current Registered Agent WILKIE, JUDITH E. 1451 JENNINGS LA S ROCKLEDGE FL 32955		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Judith E. Wilkie 3/27/98 407-636-6751

CR2E037 (10/97)