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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20967** (8)

1. Corporation Name

RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12481 N. WATER WAY
DUNNELLON FL 32630**

**12481 N WATER WAY
DUNNELLON FL 34433-2327
US**



3. Date Incorporated or Qualified **06/03/1987** 3a. Date of Last Report **02/21/1996**

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

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, DENISE
12491 N. WATERWAY ST
DUNNELLON FL 34434**

81 Name **LINDA FERNANDEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
20540 E. PENNSYLVANIA AVE
83
84 City **DUNNELLON** FL 85 Zip Code **34432**

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 **Linda Fernandez** **Linda Fernandez** DATE **1/20/97**
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DON	1.2 NAME	
STREET ADDRESS	12483 N WATER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	34433
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, DENISE	2.2 NAME	LINDA FERNANDEZ
STREET ADDRESS	12491 N. WATERWAY	2.3 STREET ADDRESS	20540 E. PENNSYLVANIA AVE
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLAND, JAMES	3.2 NAME	THOMAS L. BRYANT
STREET ADDRESS	12499 N WATER WAY	3.3 STREET ADDRESS	12491 N. WATERWAY
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **Linda Fernandez** **Linda Fernandez** DATE **1-20-97** 352-489-1958
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone # 0066195)

CR2E037 (9/96)