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May 18 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 # **N25511** (9)

1. Corporation Name

RIVER RIDGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2180 PARK AVENUE NORTH
SUITE 326
WINTER PARK FL 32789**

**2180 PARK AVENUE NORTH
SUITE 326
WINTER PARK FL 32789**



3. Date Incorporated or Qualified

03/21/1988

4. FEI Number

59-3119519

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOZDAN, BRETT M
2180 PARK AVENUE NORTH
SUITE 326
WINTER PARK FL 32789**

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

TITLE	PD	☒ DELETE
NAME	COOK, LAURILYN W	
STREET ADDRESS	626 NORTE DAME DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	☐ DELETE
NAME	AGO, DANIEL	
STREET ADDRESS	626 NORTE DAME DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	☒ DELETE
NAME	COLLINS, WILLIAM	
STREET ADDRESS	640 CLEMSON DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Hoyos, Guido	
1.3 STREET ADDRESS	645 Clemson Dr.	
1.4 CITY-ST-ZIP	Altamonte, FL 32714	
2.1 TITLE	STD	☐ Change ☒ Addition
2.2 NAME	Halgren, Guy	
2.3 STREET ADDRESS	655 Clemson Dr.	
2.4 CITY-ST-ZIP	Altamonte, FL 32714	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE:

Guy Halgren GUY HALGREN 4-27-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-647-2622
Daytime Phone # 0012159

CR2E037 (10/97)