FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPÓRATIONS

1997 DOCUMENT #

(6)

RIVER CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Plac	Mailing Address	ldress											
2180 W. STATE RD. 434 2180 W. STATE RC SUITE 5000 SUITE 5000 LONGWOOD FL 32779 LONGWOOD FL 32													
								;	3. Date Incorporated or Qualified 05/04/1988				
2. Principal Place of Business 21				2a. Mailing Address 26					4. FEI Number 59-2999394	Applied For Not Applicable			
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State				City & State				-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	201	Zip Country			,		This corporation has liability for intangible tax under s. 199.032,				
24	25			29 30				Florida Statutes	Yes INO	llaur c.	100.002,		
9. Name and Address of Current Registered Agent									Name and Address of New Reg	Istered Agen	1		
	.~. 4 444					81	Name						
	JR. J.W.					82	Street /	Address	(P.O. Box Number is Not Acceptable	∋)			
	IY MANAGEN V. SR 434, S					83							
	v. on 434, 3 VOOD FL 32					L	l						
CONTON	TOOD I L GE	.116				84	City			FI 85	Zip C	Code	
11. Pursuant	t to the provis	ions of Sections 617.	0502 and €	317.1508, Florida Star	tutes, the	above	e-named	corporat	tion submits this statement for the pu	rpose of char	L iging its	s 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: Regis							nt signature	required wh	tion reinstating)	DATE COM	-0200		
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CITY-ST-ZIP	ABI MIBA BI			1.4 CITy									
TITLE	VD			DELETE		TITLE				□ c	hange	Addition	
NAME	LARKIN, CAROLANN			2.2									
STREET ADDRESS				2.3 9			ADDRESS						
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NAME				End percer		TITLE NAME				□ 0	nange	Addition	
STREET ADDRESS							ADDRESS						
					¥	J1160.	ADDITION	ı					

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 perpendicular or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed or or an attrichment with an address.

FILED

May 09 1997 8:00am

Secretary of State