


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N26282
1. Corporation Name
 RIVER CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779
---	---

3. Date Incorporated or Qualified 05/04/1988	4. FEI Number 59-2999394	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent JAMES W. HART, JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779	10. Name and Address of New Registered Agent 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SANTEN, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>218 RIVER CHASE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LARKIN, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>381 RIVER CHASE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BURWICK, NANCY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>376 RIVER CHASE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STUMPP, LYNNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>145 RIVER CHASE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	SANTEN, WILLIAM		STREET ADDRESS	218 RIVER CHASE DR		CITY - ST - ZIP	ORLANDO FL 32807		TITLE	VD	<input type="checkbox"/> DELETE	NAME	LARKIN, THOMAS		STREET ADDRESS	381 RIVER CHASE DR		CITY - ST - ZIP	ORLANDO FL 32807		TITLE	SD	<input type="checkbox"/> DELETE	NAME	BURWICK, NANCY		STREET ADDRESS	376 RIVER CHASE DR		CITY - ST - ZIP	ORLANDO FL 32807		TITLE	TD	<input type="checkbox"/> DELETE	NAME	STUMPP, LYNNE		STREET ADDRESS	145 RIVER CHASE DR		CITY - ST - ZIP	ORLANDO FL 32807		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>300002473043</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>-03/31/98--01022--007</td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td>***61.25</td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	300002473043	5.3 STREET ADDRESS	-03/31/98--01022--007	5.4 CITY - ST - ZIP	***61.25	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																							
NAME	SANTEN, WILLIAM																																																																																																																								
STREET ADDRESS	218 RIVER CHASE DR																																																																																																																								
CITY - ST - ZIP	ORLANDO FL 32807																																																																																																																								
TITLE	VD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	LARKIN, THOMAS																																																																																																																								
STREET ADDRESS	381 RIVER CHASE DR																																																																																																																								
CITY - ST - ZIP	ORLANDO FL 32807																																																																																																																								
TITLE	SD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	BURWICK, NANCY																																																																																																																								
STREET ADDRESS	376 RIVER CHASE DR																																																																																																																								
CITY - ST - ZIP	ORLANDO FL 32807																																																																																																																								
TITLE	TD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	STUMPP, LYNNE																																																																																																																								
STREET ADDRESS	145 RIVER CHASE DR																																																																																																																								
CITY - ST - ZIP	ORLANDO FL 32807																																																																																																																								
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY - ST - ZIP																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY - ST - ZIP																																																																																																																									
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
1.2 NAME																																																																																																																									
1.3 STREET ADDRESS																																																																																																																									
1.4 CITY - ST - ZIP																																																																																																																									
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
2.2 NAME																																																																																																																									
2.3 STREET ADDRESS																																																																																																																									
2.4 CITY - ST - ZIP																																																																																																																									
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
3.2 NAME																																																																																																																									
3.3 STREET ADDRESS																																																																																																																									
3.4 CITY - ST - ZIP																																																																																																																									
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
4.2 NAME																																																																																																																									
4.3 STREET ADDRESS																																																																																																																									
4.4 CITY - ST - ZIP																																																																																																																									
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
5.2 NAME	300002473043																																																																																																																								
5.3 STREET ADDRESS	-03/31/98--01022--007																																																																																																																								
5.4 CITY - ST - ZIP	***61.25																																																																																																																								
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 its 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:  **3/11/98** **407 925 5974**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)