

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 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 # **N29524** (8)
1. Corporation Name
RHC MASTER ASSOCIATION, INC.



Principal Place of Business 3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US	Mailing Address 3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/02/1988	3a. Date of Last Report 04/19/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2973386	Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

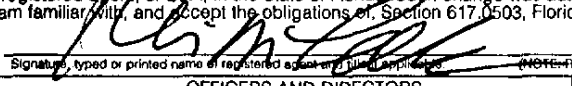
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLANS, BETH
JMC PROPERTY MGMT
3174 GULF MEXICO
LONGBOAT KEY FL 34228**

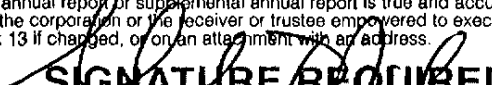
81 Name KEVIN, CALLANS
82 Street Address (P.O. Box Number is Not Acceptable) 3174 Gulf of Mexico Dr
83 City LONGBOAT KEY, FL
84 Zip Code 34228

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  **8-1-97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME DICK, MICHAEL		1.2 NAME	
STREET ADDRESS 550 BAY ISLES RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME BAVEE, RICK		2.2 NAME Bavee	
STREET ADDRESS 4316 RIVER HILLS PKWY		2.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL		2.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	3.1 TITLE Director	☒ Change ☒ Addition
NAME KEMMELING, RONALD		3.2 NAME LEE OPENWALD	
STREET ADDRESS 4920 WILLOW RIDGE TERR.		3.3 STREET ADDRESS 5202 MALLON Rd	
CITY-ST-ZIP VALRICO FL		3.4 CITY-ST-ZIP VALRICO, FL	
TITLE D	☒ DELETE	4.1 TITLE D	☒ Change ☒ Addition
NAME CAMPBELL, DEEDE		4.2 NAME CLAUDE FORTIN	
STREET ADDRESS 4316 RIVER HILLS PKWY		4.3 STREET ADDRESS 4934 WILLOW RIDGE TERR	
CITY-ST-ZIP VALRICO FL		4.4 CITY-ST-ZIP VALRICO, FL	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME SWEAZY, BOB		5.2 NAME	
STREET ADDRESS 4316 RIVER HILLS PKWY		5.3 STREET ADDRESS	
CITY-ST-ZIP VALRICO FL		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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  SIGNATURE REQUIRED

8-1-97

CR2E037 (4/97)