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Mar 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

DOCUMENT # **N29524** **(8)**

1. Corporation Name

RHC MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US	3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US

3. Date Incorporated or Qualified: 12/02/1988

4. FEI Number: 59-2973386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LISTON, DAVID

82 Street Address (P.O. Box Number Is Not Acceptable): 40 JMC PROPERTY MANAGEMENT

83: 3174 GULF OF MEXICO DR.

84 City: LONGBOAT KEY FL 85 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: David L Liston — DAVID L. LISTON — 3/5/98

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	
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	BAVEC, RICK		2.2 NAME	
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	☐ Change ☐ Addition
NAME	OVENWALD, LEE		3.2 NAME	
STREET ADDRESS	5202 MAION RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FORTIN, CLAUDE		4.2 NAME	
STREET ADDRESS	4934 WILLOWRIDGE TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	
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	

CR2E037 (10/97)

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 on an attachment with an address.

SIGNATURE: [signature] Pres. 1/28/98 407-645-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #