


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31547 (5)**  
1. Corporation Name  
**RIVEREST HOMEOWNERS CORP.**



Principal Place of Business <b>%SCHROEDER, ROSE 24 LAKE AVE TAVARES FL 32778 US</b>	Mailing Address <b>%SCHROEDER, ROSE 24 LAKE AVE TAVARES FL 32778 US</b>	3. Date Incorporated or Qualified <b>04/06/1989</b>
		4. FEI Number <b>59-2941270</b>
		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>C/O ROSE 24 LAKE AVE SCHROEDER</b>	2a. Mailing Address <b>C/O ROSE SCHROEDER</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc. <b>24 LAKE AV.</b>	Suite, Apt. #, etc. <b>24 LAKE AVENUE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State <b>TAVARES FL</b>	City & State <b>TAVARES FL</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip <b>32778</b>	Country <b>USA</b>	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
24	25	29
30	30	

9. Name and Address of Current Registered Agent <b>WINKLE, LAVERNE %SCHROEDER, ROSE 24 LAKE AVE TAVARES FL 32778</b>	10. Name and Address of New Registered Agent 81 Name <b>LAVERNE WINKLE 40 ROSE SCHROEDER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>24 LAKE AVE</b> 83 84 City <b>TAVARES</b> FL 85 Zip Code <b>32778</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WINKLE, LAVERNE</b>		1.2 NAME	
STREET ADDRESS <b>127 PARK DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAVARES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAYNER, WALTER</b>		2.2 NAME	
STREET ADDRESS <b>21 LAKE AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAVARES FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COSLER, RAYMOND</b>		3.2 NAME	
STREET ADDRESS <b>76 EUSTIS AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAVARES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DANCER, DWAIN</b>		4.2 NAME	
STREET ADDRESS <b>99 HARRIS AVENUE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAVARES FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHROEDER, ROSE</b>		5.2 NAME	
STREET ADDRESS <b>24 LAKE AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAVARES FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *Laverne Winkle* **LAVERNE WINKLE** PRESIDENT 4 APRIL 98 (352) 343-0958

CR2E037 (10/97)