


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90080 046 \*\*\*\*61.25

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N31547**

1. Corporation Name  
**RIVEREST HOMEOWNERS CORP.**

|   |   |
|---|---|
| Principal Place of Business<br>C/O ROSE SCHROEDER<br><del>24 LAKE AVE</del><br>TAVARES FL 32778<br>US | Mailing Address<br>MORGAN<br>C/O ROSE SCHROEDER<br><del>24 LAKE AVE</del><br>92 GRIFFIN AVE<br>TAVARES FL 32778<br>US |
|---|---|



|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 2. Principal Place of Business<br>21 C/O VIRGINIA MORGAN<br>Suite, Apt. #, etc.<br>22 92 GRIFFIN AVE<br>City & State<br>23 TAVARES FL<br>Zip Country<br>24 32778 25 USA | 2a. Mailing Address<br>26 C/O VIRGINIA MORGAN<br>Suite, Apt. #, etc.<br>27 92 GRIFFIN AVE<br>City & State<br>28 TAVARES FL<br>Zip Country<br>29 32778 30 USA | 3. Date Incorporated or Qualified<br>04/06/1989 | 4. FEI Number<br>59-2941270<br>Applied For<br>Not Applicable | 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 |
|---|--|---|--|--|---|

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>WINKLE, LAVERNE<br>C/O ROSE SCHROEDER<br>24 LAKE AVE<br>TAVARES FL 32778 | 10. Name and Address of New Registered Agent<br>81 Name VIRGINIA MORGAN<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>92 GRIFFIN AVE<br>83 TAVARES FL<br>84 City TAVARES FL 85 Zip Code 32778 |
|---|---|

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: L. SIGNATURE REQUIRED PRESIDENT 13 APRIL 99 (352)343-0958  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)