

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:16

DOCUMENT # N32372 (7)
1. Corporation Name
**OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, IN
C.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1989	3a. Date of Last Report 02/25/1994
4. FEI Number 65-0120016	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
* PROFESSIONALLY YOURS, BARBARA 1342 SE 48TH LN. #3 CAPE CORAL FL 33904 US		* PROFESSIONALLY YOURS, BARBARA P.O. BOX 831 CAPE CORAL FL 33910 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PROFESSIONALLY YOURS, BARBARA INC. 1342 SE 48TH LANE #3 CAPE CORAL FL 33904				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME LORENZETTI, JOHN	1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 4 FRAZIER AVENUE	CITY-ST-ZIP BRIDGETON NJ	1.2 NAME SCHERI, ANTHONY	
TITLE SD	NAME HUNTER, CHARLES	1.3 STREET ADDRESS 1950 BEACH PARKWAY #102	
STREET ADDRESS 1 EASTWOOD COURT	CITY-ST-ZIP BOORHEES NJ	1.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE DT	NAME MARTINELLI, ARTHUR	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6018 HASBROOK AVE.	CITY-ST-ZIP PHILADELPHIA PA	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Anthony Scheri ANTHONY SCHERI 3/13/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #