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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortheyn

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May 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

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RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address 3282 RIVER VISTA DR P.O. BOX 7800 PORT ST LUCIE PL 34952 PORT ST. LUCIE FL 34985-7900 3. Date incorporated or Qualified 07/30/1990 3a. Date of Last Report 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3033883 POB 8103 8103 21 POB Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Port St Lucie 23 26 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No usa 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROSS, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) **401 EAST OSCEOLA STREET** 83 STUART FL 34994 84 City Zip Code -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 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 DELETE TITLE 1.1 TITLE Change President Addition COSLETT, STEPHEN B Tockson. NAME 1.2 NAME nadine Block Morningsde 3282 RIVER VISTA DRIVE STREET ADDRESS 1.3 STREET ADDRESS الدوو PORT ST LUCIE FL trt CITY - ST - ZIP St 1.4 CITY-ST-ZIP STD Sectretary The Sure DELETE TITLE 2.1 TITLE Change Director **Addition** CONNOLLY, COLLEN NAME 2.2 NAME **ጠ**ለተነ**ስ**レ Suarce 3325 RIVER VISTA CT STREET ADDRESS 2.3 STREET ADDRESS SE. Rous Uiste Pr PORT ST LUCIE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIF This TITLE Vici-DELETE 3.1 TITLE Change Addition LORI BOUABID carino NAME 3.2 NAME 3301 SE RIVER VISTA 🖛 仕。 SE Wiskhister Or. STREET ADDRESS 3.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE ☐ DELETE Change Kresident 4.1 TITLE Addition Jackson Madine NAME 4. 2 NAME Bluch. Maningside STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 34952-4.4 CITY-ST-ZIP DELETE TITLE Sucrez 5.1 TITLE Martine Change X Addition NAME RIVER VISTA Dr. 5.2 NAME (OFFICER STREET ADDRESS 3 STREET ADDRES 34952 Lucia, FLA CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Othar DELETE 6.1 TITLE Change Addition NAME Carino 6.2 NAME John STREET ADDRESS **6.3 STREET ADDRESS** III2 SE wist chister 34962 CITY-ST-ZIP Put t 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 eath; 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: CALLERIA ANGELLIS COULBED B CONVOLY) 4/7/97 0047