FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 VIII DOCUMENT # N3936

(8)

RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.				T NEARING) BAR HIND IRIGE INNE RING BONG BONG BONG BHAN BURU RIAN BONG BONG	
Principal Place of Business Mailing Address					
P.O. BOX 8103 PORT ST LUCK		P.O. BOX 8103 PORT ST LUCIE FL 34985 US	i	3. Date Incorporated or Qualified 07/30/1990	
				4. FEI Number Applied For	
2. Principal P	lace of Business	2a. Mailing Address		59-3033883 Not Applicable	
21		26		Certificate of Status Desired Section	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22 27 City & State City & State			Trust Fund Contribution L. Added to Fees		
23		28		7. Is this nonprofit corporation a horneowners association? X Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
DOGG PERONALLI					
ROSS, DEBORAH L 401 EAST OSCEOLA STREET			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
STUART FL 34994			83		
			84 City	85 Zip Code	
			1-1	┣┗ │ │	
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. (NOT	E. Registered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	JACKSON, NADINE	☐ DELÉTÉ	1.1 TITLE	☐ Change ☐ Addition !	
STREET ADDRESS	3221 SE MORNINGSIDE BLVD		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	·	
TITLE	ST	☐ DELETE		Treasurer my Change Addition	
NAME	CONNOLLY, COLLEN		2.2 NAME	The state of the s	
STREET ADDRESS	3325 RIVER VISTA CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	DELETE	2.4 CITY-ST-ZIP	Change MAddition	
NAME	VP Lori Bouabid	Politic	3.1 TITLE O.	BILL SPILLMAN Change DELAddition 1098 SE MITCHELL Avenue	
STREET ADDRESS	3301 SE RIVER VISTA DR	•	2.2 070007 4000000	<u> </u>	
CITY-ST-ZIP	PORT ST LUCIE FL		3.4. CITY-ST-ZIP	167 St Luce, FLA 34952	
TITLE	D	DELETE	4.1 TITLE	Now secretary Change Addition	
NAME	SWARTZ, MARTIN		4.2 NAME	now severally	
STREET ADDRESS	3379 SE RIVER VISTA DR		4.3 STREET ADDRESS	·	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE V P	NIKE Skinner Dichange MAddition	
HAME	CARINO, JOHN		• ' 111		
STREET ADDRESS	1112 SE WEST CHESTER DR		3	3307 SE RIVUL VISTA Dr.	
CITY-ST-ZIP	PORT ST LUCIE FL 34952			8+ St Lucie, FLA 34952	
TITLE		☐ DELETE		Suy Balteau Change Addition	
NAME			6.2 NAME 3	1274 SE RIVE VISTA Dr.	
STREET ADORESS			6.3 STREET ADDRESS	Pot St Lucie, FIA 34952	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0. 31 LILLE, TUT 344 300	

14. Thereby certify that the Information supplied with this filling 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: College B Compably College B Company 4/28/98 398-0047

CR2E037 (10/97)

FILED

May 13 1998 8:00am

Secretary of State