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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39368

1. Corporation Name
RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8103 PORT ST LUCIE FL 34985 US	P.O. BOX 8103 PORT ST LUCIE FL 34985 US

2. Principal Place of Business
21 above
Suite, Apt. #, etc.
22 —
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
07/30/1990

4. FEI Number
59-3033883
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSS, DEBORAH L
401 EAST OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

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 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 _____ 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	P	☐ DELETE	1.1 TITLE	Sec	☐ Change ☒ Addition
NAME	JACKSON, NADINE		1.2 NAME	O'Beirne Gloria	
STREET ADDRESS	3221 SE MORNINGSIDE BLVD		1.3 STREET ADDRESS	3291 SE River Vista Dr.	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	Port St Lucie FLA 34952	
TITLE	T	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CONNOLLY, COLLEN		2.2 NAME	Weinert, James	
STREET ADDRESS	3325 RIVER VISTA CT		2.3 STREET ADDRESS	3341 SE River Vista Dr.	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St Lucie, FLA 34952	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SPILLMAN, BILL		3.2 NAME	Rinelli Donald	
STREET ADDRESS	1098 SE MITCHELL AVE		3.3 STREET ADDRESS	POB 8327	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		3.4 CITY-ST-ZIP	Port St Lucie, FLA 34952	
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWARTZ, MARTIN		4.2 NAME		
STREET ADDRESS	3379 SE RIVER VISTA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARINO, JOHN		5.2 NAME		
STREET ADDRESS	1112 SE WEST CHESTER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, MIKE		6.2 NAME		
STREET ADDRESS	3307 SE RIVER VISTA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Colleen S Connolly SIGNATURE Colleen Connolly 5/1/99 561-398-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #