

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N41503** (6)  
1. Corporation Name  
**ASSOCIATION OF ROLLING RIVER OWNERS, INC.**

Principal Place of Business Mailing Address  
**% BETH SCHOEFF** **% BETH SCHOEFF**  
**7927 DWYER AVE.** **7927 DWYER AVE.**  
**JACKSONVILLE FL 32244** **JACKSONVILLE FL 32244**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/03/1991** 3a. Date of Last Report **06/21/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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 Country 29. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**BLANK, MILDRED**  
**5200 N. OCEAN DR.**  
**SINGER ISLAND FL 33404**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>SCHOEFF, BETH</b>
STREET ADDRESS	<b>7927 DWYER DR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32244</b>
TITLE	<b>DST</b>
NAME	<b>BLANK, MILDRED</b>
STREET ADDRESS	<b>5200 N. OCEAN DR.</b>
CITY - ST - ZIP	<b>SINGER ISLAND FL 33404</b>
TITLE	<b>DV</b>
NAME	<b>BLANK, STEPHEN</b>
STREET ADDRESS	<b>250 WEST 57TH</b>
CITY - ST - ZIP	<b>NEW YORK NY 10107</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>200001492132</b>
23. STREET ADDRESS	<b>-05/17/95--01163--011</b>
24. CITY - ST - ZIP	<b>****155.00 ****155.00</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<b>213</b>
63. STREET ADDRESS	<b>5-1-95</b>
64. CITY - ST - ZIP	

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephan Blank* 5/1/95 <sup>012</sup> 262-2898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Block 8)