

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 APR 13 PM 3:07

DOCUMENT # N93000004291 (1)

1. Corporation Name

CIVIC ASSOCIATION OF RIVER ACRES PROPERTYOWNERS,
INC.

Principal Place of Business

1279 NE RIVER ROCK DR
LOT #8D
ARCADIA FL 33821

Mailing Address

1279 NE RIVER ROCK DR
LOT #8D
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

04/18/1994

4. FEI Number

58-2086280

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐ \$68.75 Supplemental

Tax Exempt Status

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes ☒ No

NOT FOR PROFIT

9. Name and Address of Current Registered Agent

NASTALLY, DAVID
1279 NE RIVER ROCK DR
LOT #8D
ARCADIA FL 33821

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVID NASTALLY,
STREET ADDRESS	1279 N.E. RIVER ROCK DRIVE
CITY - ST - ZIP	ARCADIA FL 33821
TITLE	VD
NAME	CHARLES CHADWICK,
STREET ADDRESS	1034 N.E. RIVER CREST DRIVE
CITY - ST - ZIP	ARCADIA FL 33821
TITLE	TSD
NAME	RUSTIANNE DEAN,
STREET ADDRESS	5471 N.E. RIVER RIDGE AVENUE
CITY - ST - ZIP	ARCADIA FL 33821
TITLE	D
NAME	ADESON O. MAXWELL JR,
STREET ADDRESS	P.O. BOX 1881 N/A
CITY - ST - ZIP	ARCADIA FL 33821
TITLE	D
NAME	STRICKLAND, WILLIAM C
STREET ADDRESS	1096 N.E. RIVERWOOD ROAD
CITY - ST - ZIP	ARCADIA FL 33821
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	Terry Krause	
13 STREET ADDRESS	PO Box 1731	
14 CITY - ST - ZIP	Arcadia, FL. 33821	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	William C. Strickland	
23 STREET ADDRESS	1096 N.W. RIVERWOOD ROAD	
24 CITY - ST - ZIP	ARCADIA, FL. 33821	
31 TITLE	TD	☒ Change ☐ Addition
32 NAME	RUSTIANNE DEAN	
33 STREET ADDRESS	5471 N.E. RIVER RIDGE AVENUE	
34 CITY - ST - ZIP	ARCADIA, FL. 33821	
41 TITLE	SD	☒ Change ☒ Addition
42 NAME	Linda Strickland	
43 STREET ADDRESS	1096 N.W. Riverwood Road	
44 CITY - ST - ZIP	Arcadia, FL. 33821	
51 TITLE	D	☒ Change ☒ Addition
52 NAME	Dorothy Ellis	
53 STREET ADDRESS	709 N. Turner Road Apt.# A5	
54 CITY - ST - ZIP	Arcadia, FL. 33821	
61 TITLE	D	☐ Change ☒ Addition
62 NAME	Joan Carter	
63 STREET ADDRESS	2121 Collier Ave. Ctr.Ct. #311	
64 CITY - ST - ZIP	Ft. Myers, FL. 33901	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Nastally, President

3-30-95

813-993-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number