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03-02-1999 90097 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000004291**

1. Corporation Name

CIVIC ASSOCIATION OF RIVER ACRES PROPERTYOWNERS, INC.

Principal Place of Business	Mailing Address
1279 NE RIVER ROCK DR LOT #8D ARCADIA FL 33821	1279 NE RIVER ROCK DR LOT #8D ARCADIA FL 33821

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 09/22/1993

4. FEI Number: 58-2086280 ☐ 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

NASTALLY, DAVID
1279 NE RIVER ROCK DR
ARCADIA FL 34266

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVID NASTALLY,		1.2 NAME		
STREET ADDRESS	1279 N.E. RIVER ROCK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 33821		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, DIANE		2.2 NAME		
STREET ADDRESS	1400 SE APPLE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSTIANNE, DEAN		3.2 NAME		
STREET ADDRESS	5471 N.E. RIVER RIDGE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, BETTY		4.2 NAME		
STREET ADDRESS	1090 NW RIVERWOOD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, CATHY		5.2 NAME		
STREET ADDRESS	5645 NE RIVER RIDGE AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MUNDEL, GARY		6.2 NAME		
STREET ADDRESS	1009 NE RIVER BOAT DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		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: Gary Mundell Gary Mundell/up 1-22-99 (941)494-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #