FILE NOW: FILING FEE IS $61.25

~~NONPROFIT~~
CORPORATION
ANNUAL REPORT
1996

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

APPROVED
AND
FILED

96 FEB -5 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004411 (4)

1. Corporation Name

ST. JOHNS RIVER SIDE ESTATES RIVER RIDGE SECTION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 PICKERLE SATSUMA FL 32189	P.O. BOX 606 SAN MATEO FL 32187

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3272693 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELARM, JOHN D
400 PICKERLE
SATSUMA FL 32189

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	DELARM, JOHN D		1.2 NAME		
STREET ADDRESS	400 PICKEREL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POUPORE, ERNEST		2.2 NAME		
STREET ADDRESS	242 TROPIC AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL 32187		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	POUPORE, MARCIA		3.2 NAME	LOU WALLACE	
STREET ADDRESS	201 PICKEREL AVE		3.3 STREET ADDRESS	RT 3, BOX 1004	
CITY-ST-ZIP	SAN MATEO FL 32187		3.4 CITY-ST-ZIP	SATSUMA, FL. 32189	
TITLE	SD	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	BURKE, BETTY		4.2 NAME	ANNE POUPORE	
STREET ADDRESS	208 LEISURLEY AVE		4.3 STREET ADDRESS	242 TROPIC AVE	
CITY-ST-ZIP	SAN MATEO FL 32187		4.4 CITY-ST-ZIP	SAN MATEO, FL. 32187	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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: [signature] 1/31/96 904 328-8377

CR2E037 (12/95)