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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000004672 (1)

1. Corporation Name

RIVER DUNES HOMEOWNERS' ASSOCIATION OF BREVARD,  
INC.

Principal Place of Business

Mailing Address

P. O. BOX 443  
SHARPES FL 32959

P. O. BOX 443  
SHARPES FL 32959

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

59-3268726

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, PAULA  
150 DUNE LANE  
COCOA FL 32927

81 Name

AARON C. LAMPP

82 Street Address (P.O. Box Number is Not Acceptable)

155 DUNE LN

83

84 City

COCOA

FL

85 Zip Code

32927

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

Aaron C. Lamm

12 Jan 98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DANIEL, JIM P.  
STREET ADDRESS 120 DUNE LANE  
CITY-ST-ZIP COCOA FL  
☒ DELETE

TITLE VPD  
NAME SPENCER, DONNA  
STREET ADDRESS 170 DUNE LANE  
CITY-ST-ZIP COCOA FL  
☐ DELETE

TITLE STD  
NAME BARNES, PAULA  
STREET ADDRESS 150 DUNE LANE  
CITY-ST-ZIP COCOA FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

1.1 TITLE PD  
1.2 NAME LAMPP, AARON C  
1.3 STREET ADDRESS 155 DUNE LN  
1.4 CITY-ST-ZIP COCOA, FL 32927  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME DANIEL, JIM P.  
3.3 STREET ADDRESS 120 DUNE LANE  
3.4 CITY-ST-ZIP COCOA, FL  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

Aaron C. Lamm

11 Jan 98

Dep 61.25

4407-639-1823

CR2E037 (10/97)