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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N95000003798 (4)

1. Corporation Name

RIVERCREST TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
333 FIFTH AVE SUITE 2 INDIALANTIC FL 32903	333 FIFTH AVE SUITE 2 INDIALANTIC FL 32903-4261

2. Principal Place of Business 21 2715 N Harbor City Blvd	2a. Mailing Address 26 PO Box 410069
Suite, Apt. #, etc. 22 Suite 9	Suite, Apt. #, etc. 27
City & State 23 Melbourne, Fl	City & State 28 Melbourne, Fl.
Zip / Country 24 32935 / 25 USA	Zip / Country 29 32941 / 30 USA

3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 07/15/1996
4. FEI Number 59-2569403	☐ 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

~~DYER, DAVID W~~
~~325 FIFTH AVE~~
~~SUITE 205~~
~~INDIALANTIC FL 32903~~

10. Name and Address of New Registered Agent

81 Name: John M Genoni
82 Street Address (P.O. Box Number is Not Acceptable): 2715 N Harbor City Blvd
83 Suite 9
84 City: melbourne **FL** 85 Zip Code: 32935

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 617.0505, Florida Statutes.

SIGNATURE [redacted] John Genoni
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GENONI, JOHN M		1.2 NAME		
STREET ADDRESS	333 FIFTH AVE #2		1.3 STREET ADDRESS	2715 N. Harbor City Blvd Suite 9	
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY-ST-ZIP	melbourne Fl 32935	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GENONI, CHAD		2.2 NAME		
STREET ADDRESS	333 FIFTH AVE #2		2.3 STREET ADDRESS	2715 N Harbor City Blvd Suite 9	
CITY-ST-ZIP	INDIALANTIC FL 32903		2.4 CITY-ST-ZIP	melbourne Fl 32935	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, SHANNON E		3.2 NAME		
STREET ADDRESS	333 FIFTH AVE #2		3.3 STREET ADDRESS	2715 N Harbor City Blvd Suite 9	
CITY-ST-ZIP	INDIALANTIC FL 32903		3.4 CITY-ST-ZIP	melbourne Fl 32935	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

CR2E037 (9/96)

14. I do 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 [redacted] DATE 1/27/1997