

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # N96000000322 (5)**

1. Corporation Name

**RIVERVIEW AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967**

**2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967**

3. Date Incorporated or Qualified

**01/18/1996**

4. FEI Number

**65-0681023**

Applied For

Not Applicable

2. Principal Place of Business

**4820 20<sup>th</sup> Avenue**

2a. Mailing Address

**4820 20<sup>th</sup> Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

City & State

**Vero Beach, FL**

Zip

**32967**

Country

**Indian River**

Zip

**32967**

Country

**Indian River**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENN, PETER J  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967**

81 Name

**Heberling, Lynn M.**

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

**4820 20<sup>th</sup> Avenue**

83

84 City

**Vero Beach**

**FL**

85 Zip Code

**32967**

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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

*Lynn M. Heberling*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Lynn M. Heberling**

**April 29, 1998**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☒ DELETE  
NAME **TAYLOR, ELBRIDGE M II**  
STREET ADDRESS **4820 20TH AVENUE**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **PD** ☒ DELETE  
NAME **D'HAESELEER, RONALD V**  
STREET ADDRESS **2121 GRAND HARBOR BLVD.**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **TD** ☒ DELETE  
NAME **BYRNE, SUE**  
STREET ADDRESS **2121 GRAND HARBOR BLVD.**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **M** ☐ DELETE  
NAME **HEBERLING, LYNN M**  
STREET ADDRESS **4820 20TH AVE**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **Tulloch, Virginia C.**  
1.3 STREET ADDRESS **4820 20<sup>th</sup> Avenue**  
1.4 CITY-ST-ZIP **Vero Beach, FL 32967**

2.1 TITLE **DVT** ☒ Change ☐ Addition  
2.2 NAME **Smith, Harry J.**  
2.3 STREET ADDRESS **4820 20<sup>th</sup> Avenue**  
2.4 CITY-ST-ZIP **Vero Beach, FL 32967**

3.1 TITLE **DS** ☒ Change ☐ Addition  
3.2 NAME **Sullivan, Judith**  
3.3 STREET ADDRESS **4820 20<sup>th</sup> Avenue**  
3.4 CITY-ST-ZIP **Vero Beach, FL 32967**

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

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

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

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:**

*Lynn M. Heberling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lynn M. Heberling**

**4/29/98**

Date

**(561) 778-5443**

Daytime Phone #

0020843

CR2E037 (10/97)