

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000362 (1)

1. Corporation Name

RIVERVIEW OWNERS' ASSOCIATION, INC.

FILED

97 DEC -1 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

234 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

Mailing Address

234 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

SMITH, HENRIETTA  
234 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407

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 *Henrietta Smith*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME SMITH, HENRIETTA  
STREET ADDRESS 234 WOODLAWN DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ DELETE

V  
NAME WEBB, BLANCHE  
STREET ADDRESS 6501 CAUSEWAY  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ DELETE

S  
NAME HARRIS, HENRIETTA  
STREET ADDRESS 234 WOODLAWN DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ DELETE

HARDY, GAIL  
NAME  
STREET ADDRESS 234 WOODLAWN DR  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407  
TITLE ☐ DELETE  
NAME WHITER, MARY  
STREET ADDRESS 234 WOODLAWN DR  
CITY-ST-ZIP PC BEACH FL 32407

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002364868--8

12/05/97-0113-018

\*\*\*\*236.25 \*\*\*\*236.25

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 *Henrietta Smith*  
Signature, typed or printed name of registered agent, and title if applicable

CR2E037 (4/97)