SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000362 (1)

RIVERVIEW OWNERS' ASSOCIATION, INC.

FILED Aug 14 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | |
|--|---|--|---------------------|---|--|---|
| 234 WOODLAWN D RIVE PANAMA CITY BEACH FL 32407 | | 234 WOODLAWN DRIVE PANAMA CITY BEACH FL 32407 | | | 3. Date incorporated or Qualified 01/22/1996 | |
| | | | | | | 4. FEI Number 5 9 - 3 5 2 - 5 8 3 Applied For APPLIED FOR Not Applicable |
| Principal P 21 | lace of Business | 2a. Malling Address | 2a. Malling Address | | | 5. Certificate of Status Desired \$8.75 Additional Fee Regulred |
| Suite, Apt. | #. elc. | Sulte, Apt. #, etc. | <u> </u> | | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | | Trust Fund Contribution Added to Fees | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip Country | | Zip Country | | | Yes No 8. This corporation owes or has paid the current year Intangible | |
| 24 24 | 25 | 29 | 30 | ,,,, | | Personal Property Tax due June 30. Yes No |
| 24] | 9. Name and Address of Currer | | 1001 | I | | 10. Name and Address of New Registered Agent |
| | - | | | 81 | Name | |
| SMITH, HENRIETTA | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 234 WOODLAWN DRIVE | | | : | | | |
| Panama | CITY BEACH FL 32407 | | | 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, cam remiliar with, and accept the obtainers of section 617.0502 Florida Statutes. | | | | | | |
| SIGNATURE 1 SUMMULTIDAMIN | | | | | | |
| 12. OFFICERS AND DIRECTORS 13 | | | | | ent signature requir | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TI | TLE | | Change Addition |
| NAME | SMITH, HENRIETTA | | 1.2 N/ | AME | | 2. |
| STREET ADDRESS | 234 WOODLAWN DRIVE | | 1.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 | | | 1.4 CITY-ST-ZIP | | |
| TITLE | V DELETE | | | 2.1 TITLE | | Change Addition |
| NAME | WEBB, BLANCHE | | 2.2 N/ | | | |
| STREET ADDRESS | 6501 CAUSEWAY | 36 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | PANAMA CITY BEACH FL 32408 | | | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| NAME | DS | | | 3.2 NAME | | Classe Notition |
| STREET ADDRESS | 234 WOODLAWN DRIVE | | 3.3 \$1 | REET | ADDRESS | |
| CITY-ST-ZIP | DALLARD OWN WELGHT IN AGAM | | | TY-ST | -ZiP | |
| TITLE | D | DELETE | 4.1 Ti | TLE | | Change Addition |
| NAME | HARDY, GAIL | | 4.2 N | AME | | |
| STREET ADDRESS | | · - | 1 | | ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 3240 | | 4.4 CI | | -ZIP | |
| TITLE | D MANUED MADY | DELETE | 5.1 Ti 5.2 N | | | Change Addition |
| NAME CYDECT ADDRESS | WALLER, MARY | | | | ADDRESS | |
| STREET ADDRESS | 1228 SCOOTER RD PC BEACH FL | | 5.4 C | | | |
| CITY-ST-ZIP TITLE | I V DENOTITE | DELETE | 6.1 TI | | | Change Addition |
| NAME | | [_] <i>DELETE</i> | 6.2 N | AME | 1 | -08/17/9801123019 PE |
| STREET ADDRESS | | | 6.3 \$1 | REET | ADDRESS | 00/11/20 011/2 010 / 5 |
| CITY-ST-ZIP | | | 6.4 C | | | |
| 14 I haraby o | satify that the information supplied with | h this filing does not qualify to | the exem | ntion | stated in sect | tion 119.07(3)(i), Florida Statutes. I further certify that the information |

Included on this annual report or supplied with this litting does not quality for the exemption stated in section 118.07(3)(1), 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 early that I am an officer or director of the corporation or the processor 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 of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 617, Florida Statutes.

SIGNATURE: