


FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000503 (0)**

1. Corporation Name

RIVER GROVES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
290 RIVER DRIVE EAST PALATKA FL 32131	290 RIVER DRIVE EAST PALATKA FL 32131

3. Date Incorporated or Qualified	01/30/1996
4. FEI Number	50-3334769
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MORRIS, ELIZABETH A ESQ. 290 RIVER DRIVE EAST PALATKA FL 32131	

10. Name and Address of New Registered Agent	
81 Name	JORDAN, CHRISTINA L. JR
82 Street Address (P.O. Box Number is Not Acceptable)	272 ALICE DRIVE
83	
84 City	EAST PALATKA, FL
85 Zip Code	32131

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **21 April 1998**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D DELZELL, JOHN M
STREET ADDRESS	285 RIVER DRIVE
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	<input type="checkbox"/> DELETE
NAME	D RION, FOUNT H JR.
STREET ADDRESS	285 RIVER DRIVE
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	<input type="checkbox"/> DELETE
NAME	D TRAUERMAN, JOE K
STREET ADDRESS	110 RIVER TERRACE
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	<input type="checkbox"/> DELETE
NAME	D MORRIS, EMMA LOU
STREET ADDRESS	117 W. ST. JOHNS TERRACE
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	<input type="checkbox"/> DELETE
NAME	D TOMAS, GILBERT
STREET ADDRESS	110 RIVER DRIVE
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V.P. WARWICK WILBUR E
1.3 STREET ADDRESS	121 RIVER TERRACE
1.4 CITY-ST-ZIP	EAST PALATKA, FL 32131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **4/28/98 904-328-6040**

CR2E037 (10/97)