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

NONPROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block 13 if changed

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # N9600000913 (1)

## RIVER BLUFFS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 217 JOHN KNOX ROAD 217 JOHN KNOX ROAD SUITE 100 **SUITE 100** TALLAHASSEE FL 32303-6642 TALLAHASSEE FL 32303 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes ANO 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AUSLEY, DANIEL M Street Address (P.O. Box Number is Not Acceptable) 217 JOHN KNOX ROAD 63 SUITE 100 TALLAHASSEE FL 32303 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 96/6) 12. DELETE 1.1 TITLE Change TITLE AUSLEY, DANIEL M 1.2 NAME NAME 234 LAFAYETTE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE AUSLEY, KELLEY N 2.2 NAME 234 LAFAYETTE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 2. 4 CITY - ST-ZIP City-St-7IP ☐ Change DELETE Addition TITLE 3.1 TITLE AUSLEY, MARGARET B 3.2 NAME NAME STREET ADDRESS 316 E JEFFERSON ST 3.3 STREET ADDRESS TALLAHASSEE FL 32301 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY-ST-ZIP DELETE Change Addition B.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. If 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