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97 SEP 15 AM 7:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001444 (6)

1. Corporation Name SPRINGS RIVER REGATTA, INC.



Principal Place of Business 101 SOUTH DRIVE MIAMI SPRINGS FL 33166 Mailing Address 101 SOUTH DRIVE MIAMI SPRINGS FL 33168-5921

3. Date Incorporated or Qualified 03/18/1990 3a. Date of Last Report

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

4. FEI Number 65-074466766 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent CALVERT, BOB 101 SOUTH DRIVE MIAMI SPRINGS FL 33166

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 [Signature] DATE 4-22-97 (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD CALVERT, BOB; VD DUBOIS, BETTY; SD LINDEMAN, LISA; TD MANN, PATTI.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include BARBARA ANDERSON, 945 LUDLUM MIAMI SPRINGS, FL 33166.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] 9-12-97 4-22-97 845-985-4561

CR2E037 (9/96)