

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **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 33166
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2. Principal Place of Business 21 166 HIALEAH DRIVE Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FL Zip 24 33010-5250	2a. Mailing Address 25 166 HIALEAH DRIVE Suite, Apt. #, etc. 27 City & State 28 HIALEAH, FL Zip 29 33010-5250 Country 30 U.S.A.
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3. Date Incorporated or Qualified 03/18/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0744766	
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 type="checkbox"/> Yes <input 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 type="checkbox"/> 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 FRANCIS E. HOLDEN, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 166 Hialeah Drive 83 84 City Hialeah FL 85 Zip Code 33010
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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 **FRANCIS E. HOLDEN, JR.**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstalling)

DATE

1-26-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President -D
NAME	CALVERT, BOB	1.2 NAME	David Petrie
STREET ADDRESS	101 SOUTH DRIVE	1.3 STREET ADDRESS	166 Hialeah Drive
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	Hialeah, FL 33010-5250
TITLE	VD	2.1 TITLE	Vice-Chairman -D
NAME	DUBOIS, BETTY	2.2 NAME	Carlos Perez
STREET ADDRESS	1025 HUNTINGLODGE DRIVE	2.3 STREET ADDRESS	166 Hialeah Drive
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	Hialeah, FL 33010-5250
TITLE	SD	3.1 TITLE	Secretary-D
NAME	ANDERSON, BARBARA	3.2 NAME	Barbara Andreson
STREET ADDRESS	945 LUDLUM	3.3 STREET ADDRESS	166 Hialeah Drive
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	3.4 CITY-ST-ZIP	Hialeah, FL 33010-5250
TITLE	TD	4.1 TITLE	
NAME	MANN, PATTI	4.2 NAME	
STREET ADDRESS	121 MORNINGSDRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	President -D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Petrie	
1.3 STREET ADDRESS	166 Hialeah Drive	
1.4 CITY-ST-ZIP	Hialeah, FL 33010-5250	
2.1 TITLE	Vice-Chairman -D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carlos Perez	
2.3 STREET ADDRESS	166 Hialeah Drive	
2.4 CITY-ST-ZIP	Hialeah, FL 33010-5250	
3.1 TITLE	Secretary-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Andreson	
3.3 STREET ADDRESS	166 Hialeah Drive	
3.4 CITY-ST-ZIP	Hialeah, FL 33010-5250	
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:

David Petrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-98 305 885-9160
Date Daytime Phone #

CR2E037 (10/97)