1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000004198

1. Corporation Name

RIVER-GOLF TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business 545 VIRGINIA AVE. PT. ORANGE FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

21 RIVER-GOLF TOWNHOMES

Mailing Address

545 VIRGINIA AVE. PT. ORANGE FL 32127

2a. Mailing Address

27

Suite, Apt. #, etc.

P.O.B. #7203

N/A

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90061 034 ****61.25

1 102026 90061 - 34

Applied For

Not Applicable



3. Date Incorporated or Qualifed

07/24/1997

59-3482963

4. FEI Number

22		27 N/A		59-3482963	Not Applicable
City & State	Э	City & State 28 DAYTONA BEA	CH, FLA.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip 32116-7203330	Country VOLUSIA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<u> </u>	'\	10. Name and Address of New Register	
Name and Address of Current Registered Agent			81 Name ta	KELLY BALES	
GROUETTE, DONALD			1 1	ddress (P.O. Box Number is Not Acceptable) ER-GOLF TOWNHOMES #12	,
545 VIRGINIA AVE.			93		1
PT. ORANGE FL 32127) South Palmetto	
			84 City Sout	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L 85 Zip Code 32119
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, types or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	□ ★ DELETE	1.1 TITLE)P	Change ☐ Addition
NAME:	GROUETTE, DONALD		-	BALES, KELLY	
STREET ADDRESS	545 VIRGINIA AVE.		1.3 STREET ADDRESS 1	1600 S. Palmetto #121	
CITY-ST-ZIP	PT. ORANGE FL 32127			South Daytona, F1.321	19
TITLE	DV	XXDELETE	i a come	OV	X_XChange
NAME	ALASTRA, ANTHONY			CHOPORIS, CHRISTOPHER	C.
STREET ADORESS	545 VIRGINIA AVE.			2430 S. Peninsula Dri	1
ÇITY-ST-ZIP	PT. ORANGE FL 32127			Daytona Beach, Fla. 3	
TITLE	DST	XXDELETE	3.1 TITLE 3	OKUBONUS, PEGGY DST	Change Addition
NAME	ALASTRA, BEATRIZ		3.2 NAME 2	22 Meadow Ridge View	~-
STREET ADDRESS	545 VIRGINIA AVE.		3.3 STREET ADDRESS	Ormond Beach, Fla.	
CITY-ST-ZIP	PT. ORANGE FL 32127		3.4. CITY-ST-ZIP	32174	
TTILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		P 05: 575	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		; [
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		L OELE IE	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP	•	
CITY-ST-ZIP	ertify that the information supplied with	h this filing does not qualify for th		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 any attachment with an address, with all other like empowered.