FILE NOW: FILING FEE IS \$61.25 Via Certified Mail

NONPROFIT



FLORIDA DEPARTMENT OF STATE

Ret May 13 1998 8:00am

	rporatio Jal Repo	Sandra B. Mortham Secretary of State				Carratan Cotata				
	1998 DIVISION OF CORPORATIONS						Secretary of State			
DOCUI	MENT n Name	# NS	3700000	5056 (3	3)					
RIVERLAND GROVES PROPERTY OWNERS ASSOCIATION, IN										
C.							1 <u> </u>			
Principal Place of Business Mailing Address							I HADDINE DID HERF HODE DEAT EDITO DEVIL DEVIL DEVIL	adiei IIIII esibi	Office Bally 1884	
234 S 6 AVE 234 S 6 AVE							3. Date Incorporated or Qualified		<del></del>	
WAUCHULA FL 33873 . WAUCHULA FL 33873							09/08/1997		İ	
							4. FEI Number	100	oplied For	
2. Principal Place of Business 2a. Mailing Address									ot Applicable	
21				26			5. Certificate of Status Desired	\$8.75 / Fee Re		
E SUITE, ADI.	Suite, Apt. #, etc.   Suite, Apt. #						Election Campaign Financing	\$5.00		
27 City & Stele				27 City & State			Trust Fund Contribution	Added to		
28 28							7. Is this nonprofit corporation a homeowne	No No	11.7	
Zip	Country Zip			<b>—</b>	intry	8. This corporation owes or has paid the cu				
24	25 29 29 3 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes 1x No  10. Name and Address of New Registered Agent			
						81 Name				
SEE, JA	IMES V JR					82 Street	Address (P.O. Box Number is Not Acceptable)			
234 S 6 AVE										
WAUCH	IULA FL 330	373				83				
						84 City	FL	85 Zip (	Code	
11. Pursuant	to the provisi	ons of Section	ns 617.0502 and 617	1508, Florida Star	tutes, the al	ove-nameo			s registered	
agent. I a	registered ag ım familiar wit	ent, or both, if h, and accep	the obligations of, S	. Such change wa Section 617.0503,	s authorizei Florida Stat	a by the cor, utes.	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the purpose of the purpose	pointment as	registered	
SIGNATURE .	Sloneture typed	or orinted name of	registered agent and title if s	unclinable (h	CITE Projetova	d Acest elevebr	e required when reinstating) DATE			
12.	Sylador, typac		ICERS AND DIRECT		13.	- Agent signature	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12	
TITLE	DELETE			1.1 7/	ILE	President	Change	Addition		
NAME					1.2 N		James V. See, Jr.			
STREET ADDRESS					- 1	REET ADDRESS	234 South 6th Avenue- P.O.	Box 11	49	
CITY-ST-ZIP TITLE	DELETE				1.4 CI 2.1 TI	TY-ST-ZIP TI F	Wauchula, FL 33873 Director	Change	X Addition	
NAME					2.2 N		Thomas C. Nigh			
STREET ADDRESS					2.3 S1	REET ADDRESS	4427 Garwood Place			
CITY-ST-ZIP					2.4 C	ITY-ST-ZIP	Richmond. IN 47347			
TITLE				DELETE	3.1 TI	ILE	Director	Change	Addition	
NAME					3.2 N/		Jeff Crawford		į	
STREET ADDRESS						REET ADDRESS	9550 County Road 507			
CITY-ST-ZIP TITLE				DELETE	3.4. C	ITY-ST-ZIP	Fellsmere, FL 32948 Director	☐ Change	Addition	
NAME					4.2 N		Peter G. Robbins		Act	
STREET ADDRESS						REET ADDRESS	274 Riverside Ave - 1st Flo	oor		
CITY-ST-ZIP						TY-ST-ZIP	Westport, CT 06880			
TITLE				DELETE	5.1 Tr		Director	Change	Addition	
NAME					5.2 N	ME	David B. McKane			
STREET ADDRESS					5.3 \$1	REET ADDRESS	274 Riverside Ave - 1st Flo	or		
CITY-ST-ZIP					5.4 CI	TY-ST-ZIP	Westport, CT 06880			

14. I hereby certify that the Information supplied with this filling 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 arn 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 on an execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

28, 1998 (941) 773-2128

Addition