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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006153

1. Corporation Name
THE RIVER RESIDENCES AT WINDSOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3125 WINDSOR BLVD. VERO BCH FL 32963	Mailing Address 3125 WINDSOR BLVD. VERO BCH FL 32963
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/27/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

QUINN, JEROME D
3111 CARDINAL DR.
VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BROUGH, JOHN A
STREET ADDRESS	3125 WINDSOR BLVD.
CITY-ST-ZIP	VERO BCH FL 32963
TITLE	D <input type="checkbox"/> DELETE
NAME	WORSHAM, PATRICK
STREET ADDRESS	3125 WINDSOR BLVD.
CITY-ST-ZIP	VERO BCH FL 32963
TITLE	D <input type="checkbox"/> DELETE
NAME	BURNETT, ROBERT P
STREET ADDRESS	3125 WINDSOR BLVD.
CITY-ST-ZIP	VERO BCH FL 32963
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A
STREET ADDRESS	3125 WINDSOR BLVD.
CITY-ST-ZIP	VERO BCH FL 32963
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D TOOMEY, ROBERT
4.3 STREET ADDRESS	3125 WINDSOR BLVD.
4.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
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 with all other like empowered.

SIGNATURE: **SICILIA A. BROWN** 4-16-99 561-988-8406
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)