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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000038833 (7)

1. Corporation Name

RIVERWALK OF THE PALM BEACHES DEVELOPMENT COMPAN
Y, INC.



Principal Place of Business

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418-3965

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0496407

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KAIRALLA, ROBERT S
STREET ADDRESS 4500 PGA BLVD SUITE 400
CITY - ST - ZIP PALM BEACH GARDENS FL

TITLE V ☐ DELETE

NAME SHANNON, WILLIAM E
STREET ADDRESS 4500 PGA BLVD SUITE 400
CITY - ST - ZIP PALM BEACH GARDENS FL

TITLE VST ☐ DELETE

NAME OWEN, JACK B JR
STREET ADDRESS 4500 PGA BLVD SUITE 400
CITY - ST - ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME DIVOSTA, OTTO B
STREET ADDRESS 4500 PGA BLVD. STE. 400
CITY - ST - ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Kairalla

Date

1/16/97 (561) 627-2112

Daytime Phone

CR2E034 (9/96)