

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90147 029 ***150.00

DOCUMENT # P95000045583

1. Corporation Name

RIVERSBEND UNIT II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
11463 SWIFT WATER CIRCLE
ORLANDO FL 32817

Mailing Address
11463 SWIFT WATER CIRCLE
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

4. FEI Number

59-3329823

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 11524 Swiftwater Cir
Suite, Apt. #, etc.

26 11524 Swiftwater Circle
Suite, Apt. #, etc.

22 City & State
23 Orlando, Fla

27 City & State
28 Orlando, Fla

24 Zip 32817 25 Country USA

29 Zip 32817 30 Country USA

9. Name and Address of Current Registered Agent

KILGORE, PEARLMAN, GARDNER ETAL
940 HIGHLAND AVENUE
ORLANDO FL 32802

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 GIULIANI, JOHN
STREET ADDRESS 11463 SWIFT WATER CIRCLE
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☒ DELETE

NAME GIULIANI, JIM
STREET ADDRESS 11463 SWIFT WATER CIRCLE
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME Peter L. Rose M.D.
1.3 STREET ADDRESS 11524 Swiftwater Circle
1.4 CITY-ST-ZIP Orlando, Fla, 32817

2.1 TITLE V.P.J. Laffin ☒ Change ☐ Addition

2.2 NAME 11518 Swiftwater Circle
2.3 STREET ADDRESS Orlando, Fla 32817
2.4 CITY-ST-ZIP

3.1 TITLE T. Alan Shambhlin ☒ Change ☐ Addition

3.2 NAME 11524 Swiftwater Circle
3.3 STREET ADDRESS Orlando, Fla 32817
3.4 CITY-ST-ZIP

4.1 TITLE S. Tom Arzenti ☒ Change ☐ Addition

4.2 NAME 11513 Swiftwater Circle
4.3 STREET ADDRESS Orlando, Fla 32817
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter L. Rose M.D. 3/24/99 (407) 629-1500

CR2E034 (11/98)

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