

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**

99 AUG 26 AM 10: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N41503**

1. Corporation Name  
**ASSOCIATION OF ROLLING RIVER OWNERS, INC.**

Principal Place of Business Mailing Address  
**550 MAMARONECK AVENUE  
HARRISON, NY 10528**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/03/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		Applied For	
23		28		<input checked="" type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	25	29	30	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
24		25		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>W. SCOTT CALLAHAN, ESQUIRE STUMP, STOREY &amp; CALLAHAN, P.A. 37 NORTH ORANGE AVENUE, SUITE 200 ORLANDO, FL 32801</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL E. ROSEN	1.2 NAME	
STREET ADDRESS	550 MAMARONECK AVENUE	1.3 STREET ADDRESS	600002974976--3
CITY-ST-ZIP	HARRISON NY 10528	1.4 CITY-ST-ZIP	-08/31/99--01057--012
TITLE	VICE PRESIDENT, DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE CLARK	2.2 NAME	
STREET ADDRESS	2250 AVENDIDA DEL VERA	2.3 STREET ADDRESS	600002974976--3
CITY-ST-ZIP	N. FT. MYERS, FL 33917	2.4 CITY-ST-ZIP	-08/31/99--01057--013
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES SCHOEN	3.2 NAME	
STREET ADDRESS	550 MAMARONECK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: MICHAEL E. ROSEN PRESIDENT DATE: 08/23/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # (914) 777-3100

CR2E037 (1/198)