2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90036 038 ****61.25

DOCUMENT # 707298

1. Entity Name

RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 8122 PORT LUCIE FL 34985	P. O. BOX 8122 PORT LUCIE FL 34985

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6146941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, NORMA E.
763 SE. AIROSO BLVD
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRIMERANO, LAVINA S 323 NE HOLLY AVENUE PORT SAINT LUCIE FL 34952	☒ Delete	PD JENNY, EILEEN 350 N.E. SOLIDA DR. PORT ST. LUCIE, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, DOTTIE 123 SONETO COURT PORT ST. LUCIE FL 34983	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEEMER, BOBBIE 151 N. NARANJA AVENUE PORT ST. LUCIE FL	☒ Delete	D KEELER, DENNIS 213 RAMIE LANE PORT ST. LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD JENNY, EILEEN 350 NE SOLIDA DR PORT SAINT LUCIE FL 34983	☒ Delete	FVPD SOMERO, LINDA 221 OLIVE AVE. PORT ST. LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRICKLAND, NORMA E. 763 SE AIROSO BLVD PORT ST. LUCIE FL 34983	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD DEEMER, WALTER 151 N NARANJA AVE PORT SAINT LUCIE FL 34983	☒ Delete	SVPD IVENS, KATHLEEN 160 S.E. FLORESTA DR. PORT ST. LUCIE FL 34983	☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA E. STRICKLAND Norma E. Strickland 2-9-04 772-340-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #