2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 11, 2005
Secretary of State

DOCUMENT# 707298

Entity Name: RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 8122
PORT LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8122
PORT LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-6146941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEBASTIAN, GOMEZ MR.
225 E. ARBOR AVE.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EILEEN, JENNY	
Address:	350 NE SOLIDA DR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	SD	( ) Delete
Name:	GOMEZ, SEBASTIAN MR.	
Address:	225 E. ARBOR AVE.	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	D	( ) Delete
Name:	KEELER, DENNIS	
Address:	213 RAMIE LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	FVPD	( ) Delete
Name:	SOMERO, LINDA	
Address:	221 OLIVE AVE.	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	TD	( ) Delete
Name:	STRICKLAND, NORMA E.	
Address:	763 SE AIROSO BLVD	
City-St-Zip:	PORT ST. LUCIE, FL	
Title:	SVPD	( ) Delete
Name:	IVENS, KATHLEEN	
Address:	160 SE FLORESTA DR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	ROACH, MAE	
Address:	181 SE LUCERO DR.	
City-St-Zip:	PORT ST. LUCIE, FL 34983-206	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEBASTIAN GOMEZ MR 09/11/2005

Electronic Signature of Signing Officer or Director — Date