


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90063 027 ****61.25

DOCUMENT # 734801		
1. Entity Name RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business 5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US	Mailing Address 5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US
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54029674

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



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number 75-2236923		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
WALTON, CHARLES T 5191 S SUNCOAST BLVD HOMOSASSA, FL 34446		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 Charles T Walton DATE 4/5/04

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCKUS, BOB 5306 S RUNNING BROOK DRIVE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUCK BEYERLEIN 11530 W. WATERWAY DR HOMOSASSA, FL 34448-3355	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, RAMONA 5064 S DEEP WATER POINT HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETE WENTWORTH 11810 W. WATERWAY DR HOMOSASSA, FL 34448-7312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JOYCE 11994 W RIVERHAVEN DRIVE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM WEHRKAMP 11590 W. CLUBVIEW DR. HOMOSASSA, FL 34448-3712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTON, TOM 11482 W CLUBVIEW DRIVE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRELL, PATRICIA A. 11330 W. WATERWAY DR. HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, ROGER 11894 W RIVERHAVEN DRIVE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL D. MOORE 11309 RIVERHAVEN DR. HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, JERRY 5012 S DEEPWATER DT HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE WEST 4928 DRIFTWOOD WAY HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Patricia A Harrell, Treas. DATE 4/7/04 352-628-4746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR