

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90048 007 \*\*\*\*61.25

<b>DOCUMENT # 734801</b> 1. Entity Name <b>RIVERHAVEN VILLAGE PROPERTY OWNERS, ASSOCIATION, INC.</b>					
Principal Place of Business <b>5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US</b>				Mailing Address <b>5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-2236923</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALTON, CHARLES T 5191 S SUNCOAST BLVD HOMOSASSA, FL 34446</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BEYERLEIN, CHUCK 11530 W WATER WAY DR. HOMOSASSA, FL 344483355</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GARNER, RAMONA 5064 S DEEP WATER POINT HOMOSASSA, FL 34448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WEST, TED</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4928 S. DRIFTWOOD WAY HOMOSASSA, FL 34448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WENTWORTH, PETE 11810 W WATER WAY DR. HOMOSASSA, FL 344487312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EHRKAMP, JIM W 11590 W CLUBVIEW DR. HOMOSASSA, FL 344483712</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ELAINE MOORE 11309 W. RIVER HAVEN DR HOMOSASSA, FL 34448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARRELL, PATRICIA A 11330 W WATERWAY DR. HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIFFIN, JERRY 5012 S DEEPWATER DT HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Patricia A Harrell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/24/05</b> Daytime Phone #		