

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90107 022 ****61.25

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04172006 Chg-NP CR2E037 (11/05)

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|--|--------------------------------|--|---|--|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 75-2236923 | |
| Zip | | Country | | 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 <u><i>Charles T Walton</i></u> <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEYERLEIN, CHUCK | | NAME | MOORE, ELAINE | |
| STREET ADDRESS | 11530 W WATER WAY DR. | | STREET ADDRESS | 11309 W. RIVER HAVEN DR | |
| CITY-ST-ZIP | HOMOSASSA, FL 344483355 | | CITY-ST-ZIP | HOMOSASSA, FL 34448 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEST, TED | | NAME | | |
| STREET ADDRESS | 4928 S DRIFTWOOD WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WENTWORTH, PETE | | NAME | CARMODY, JOHN | |
| STREET ADDRESS | 11810 W WATER WAY DR. | | STREET ADDRESS | 11551 W. TIMBERLANE DR | |
| CITY-ST-ZIP | HOMOSASSA, FL 344487312 | | CITY-ST-ZIP | HOMOSASSA, FL 34448 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOORE, ELAINE | | NAME | BARTH, LESLIE | |
| STREET ADDRESS | 11309 W RIVER HAVEN DR | | STREET ADDRESS | 11950 W. WATERWAY DR | |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 | | CITY-ST-ZIP | HOMOSASSA, FL 34448 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRELL, PATRICIA A | | NAME | | |
| STREET ADDRESS | 11330 W WATERWAY DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFIN, JERRY | | NAME | | |
| STREET ADDRESS | 5012 S DEERWATER DR | | STREET ADDRESS | 11874 W. Riverhaven Dr. | |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u><i>Patricia A Harrell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4/19/06</u> <u>352-628-4746</u> <small>Date Daytime Phone #</small> | | |