

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90024 032 \*\*\*\*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

**60018435**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
75-2236923

Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

WALTON, CHARLES T  
5191 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

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 CHARLES T. WALTON *Charles T. Walton* 2/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	CARMODY, JOHN	11551 WEST TIMBERLANE DRIVE	HOMOSASSA, FL 34448	<input type="checkbox"/>
P	WEST, TED	4928 S DRIFTWOOD WAY	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>
D	BARTH, LESLIE	11810 W WATER WAY DR.	HOMOSASSA, FL 344487312	<input checked="" type="checkbox"/>
P	MOORE, ELAINE	11309 W RIVER HAVEN DR	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>
T	HARRELL, PATRICIA A	11330 W WATERWAY DR.	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>
D	GRIFFIN, JERRY	11874 WEST RIVERHAVEN DRIVE	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	PAT JUNIOR	5176 S. RIVERSIDE DR.	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>
PD	LESLIE BARTH	11950 W. WATERWAY DR.	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>
TD	DOLORES O. HIGHMAN	5248 S. SPYGLASS POINT	HOMOSASSA, FL 34448	<input checked="" type="checkbox"/>

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 Leslie A. Barth 2/22/07 (352) 628-9582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**LESLIE A. BARTH**