

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734801

FILED
Apr 20, 2009
Secretary of State

Entity Name: RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11482 W CLUBVIEW DRIVE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

4155 S. SUNCOAST BLVD, (HWY 19)
SUITE A
HOMOSASSA, FL 34446 US

Current Mailing Address:

11482 W CLUBVIEW DRIVE
HOMOSASSA, FL 34448 US

New Mailing Address:

PO BOX 1219
HOMOSASSA, FL 34447 US

FEI Number: 59-3069329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, CHARLES T
11482 W CLUBVIEW DRIVE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

WALTON, CHARLES T
4155 S. SUNCOAST BLVD, (HWY 19)
SUITE A
HOMOSASSA, FL 34446 US

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: CHARLES T. WALTON

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIMINO, TONY
Address: 11796 W VALLEY SPRINGS LANE
City-St-Zip: HOMOSASSA, FL 34448

Title: VD () Delete
Name: JUNIOR, PAT
Address: 5176 S RIVERSIDE DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: S () Delete
Name: DIXON, MERI
Address: 5111 S MYSTIC POINT
City-St-Zip: HOMOSASSA, FL 34448

Title: TD () Delete
Name: ALVARES, DOLORES D
Address: 5248 S SPYGRASS POINT
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MORGAN, JIM
Address: 5182 S. MYSTIC PT.
City-St-Zip: HOMOSASSA, FL 34448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOLORES D. ALVAREZ

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date