


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 743199 1. Entity Name RIVERS EDGE HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 510462 MELBOURNE BEACH FL 32951	Mailing Address P O BOX 510462 MELBOURNE BEACH FL 32951
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2381003	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *John Criscione* (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/07 # 1686

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete PATERNOSTER, JUDY 2245 SOUTH RIVER ROAD MELBOURNE BEACH FL 32951
TITLE	TD <input type="checkbox"/> Delete CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BCH FL 32951
TITLE	P <input type="checkbox"/> Delete NABERHAUS, ROBERT 350 AMBERJACK PL MELBOURNE BCH FL 32951
TITLE	D <input type="checkbox"/> Delete POMROY, MICHAEL 2325 SEA HORSE DR MELBOURNE BEACH FL 32951
TITLE	D <input type="checkbox"/> Delete DAUKSHUS, TERI 2230 S RIVER RD MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Criscione* JOHN CRISCIONE 5/1/07 321-724-5203