2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State
06-02-2008 90001 039 ****61.25

DOCUMENT # 743199

1. Entity Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 510462 MELBOURNE BEACH FL 32951	P O BOX 510462 MELBOURNE BEACH FL 32951

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2381003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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 4/30/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATERNOSTER, JUDY 2245 SOUTH RIVER ROAD MELBOURNE BEACH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KIRWIN, WILLIAM 2255 SOUTH RIVER RD MELBOURNE BEACH, FL 32951	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRISCIONE, JOHN 2300 S RIVER RD MELBOURNE BCH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~RYBECKI, GEORGE~~ ~~DIRECTOR~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NABERHAUS, ROBERT 350 AMBERJACK PL MELBOURNE BCH FL 32951	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THRUSH, JACK 303 AMBERJACK PL MELBOURNE BEACH, FL 32951	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ P POMROY, MICHAEL 2325 SEA HORSE DR MELBOURNE BEACH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RYBICKI, GEORGE 350 ALBACORE PL MELBOURNE BEACH, FL 32951	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUKSHUS, TERI 2230 S RIVER RD MELBOURNE BEACH FL 32951	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SEIVERTH, RONALD 313 POMPANO DR MELBOURNE BEACH, FL 32951	☐ Delete ☑ ADD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 4/30/08 321-724-5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #