

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N00000002640

Entity Name: RIVERWOOD BEACH CLUB, INC.

Current Principal Place of Business:

5801 PELICAN BAY BLVD.
SUITE 600
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

9180 GALLERIA CT
SUITE 600
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3639913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTEX REAL ESTATE CORPORATION
5801 PELICAN BAY BLVD.
SUITE 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: PARHAM, JON
Address: 5801 PELICAN BAY BLVD., SUITE 600
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: LISTON, DAVID
Address: 5801 PELICAN BAY BLVD STE 600
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: CARTER, JASON
Address: 5801 PELICAN BAY BLVD STE 600
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: OFF () Change (X) Addition
Name: WOOLERY, MICHAEL
Address: 5801 PELICAN BAY BLVD STE 600
City-St-Zip: NAPLES, FL 34108

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: DAVID LISTON

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date