

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004429

FILED
Feb 10, 2006
Secretary of State

Entity Name: RIVERWALK MOBILE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SCOTT E. GORDON, ESQ.
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49948
SARASOTA, FL 34230

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, SCOTT E
240 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236 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: P () Delete
Name: NICOLL, RICHARD
Address: 231 NATURES WAY
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: CARTER, BOB
Address: 214 NATURES WAY
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: WISH, JERRY
Address: 448 NEW POND CT
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: MILLS, JON L
Address: 627 WOODWYN COURT
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: HENDERSON, PAT
Address: 402 CREEKVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: LEHNER, JOSEPH
Address: 359 SALT CREEK DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVER, THOMAS
Address: 466 NEW POND COURT
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change () Addition
Name: CHASE, DAVID
Address: 452 NEW POND COURT
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change () Addition
Name: BOWERING, DOUG
Address: 226 NATURE'S WAY
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change () Addition
Name: BARNES, G. MAX
Address: 410 CREEKVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: DICKS, JUDSON
Address: 353 SALT CREEK DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: LEHNER, JOSEPH
Address: 359 SALT CREEK DRIVE
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: G. MAX BARNES

S

02/10/2006

Electronic Signature of Signing Officer or Director

Date