2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2007
Secretary of State

DOCUMENT# N02000004429

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:	OLIVER, THOMAS	
Address:	466 NEW POND COURT	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	VP	( ) Delete
Name:	CHASE, DAVID	
Address:	452 NEW POND COURT	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	VP	( ) Delete
Name:	BOWERING, DOUG	
Address:	226 NATURE'S WAY	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	S	( ) Delete
Name:	BARNES, G. MAX	
Address:	410 CREEKVIEW DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	T	( ) Delete
Name:	DICKS, JUDSON	
Address:	353 SALT CREEK DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	LEHNER, JOSEPH	
Address:	359 SALT CREEK DRIVE	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	LEHNER, JOE	
Address:	359 SALT CREEK DR.	
City-St-Zip:	NORTH PORT, FL 34287	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BROOKS, PHILLIE	
Address:	321 SALT CREEK DR.	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	T	(X) Change ( ) Addition
Name:	JULIAN, JIM	
Address:	318 SALT CREEK DR.	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	(X) Change ( ) Addition
Name:	ROBERTS, BOB	
Address:	339 SALT CREEK DR.	
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: PHILLIE BROOKS S 01/27/2007

Electronic Signature of Signing Officer or Director — Date