# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2008 8:00 am**
**Secretary of State**
02-08-2008 90026 044 ****61.25

DOCUMENT # N02000004429

1. Entity Name
RIVERWALK MOBILE VILLAGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SCOTT E. GORDON, ESQ.<br>240 SOUTH PINEAPPLE AVENUE<br>SARASOTA, FL 34236 | P.O. BOX 49948<br>SARASOTA, FL 34230 |

01222008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Two N. Tamiami Trail | Two N. Tamiami Trail |
| Suite, Apt. #, etc.: Suite 500 | Suite, Apt. #, etc.: Suite 500 |
| City & State: Sarasota, FL | City & State: Sarasota, FL |
| Zip: 34236 Country: USA | Zip: 34236 Country: USA |

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GORDON, SCOTT E<br>240 SOUTH PINEAPPLE AVENUE<br>SARASOTA, FL 34236 | Name: Scott E. Gordon, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): Two N. Tamiami Trail, Suite 500<br>City: Sarasota **FL** Zip Code: 34236 |

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: Scott E. Gordon 1-31-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 | P<br>OLIVER, THOMAS<br>466 NEW POND COURT<br>NORTH PORT, FL 34287 | ☐ Delete | V<br>BILL ADAMS<br>450 NEW POND CT<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LEHNER, JOE<br>359 SALT CREEK DR.<br>NORTH PORT, FL 34287 | ☒ Delete | V<br>DONNA KORNZSIEWICZ<br>232 NATURES WAY<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BOWERING, DOUG<br>226 NATURE'S WAY<br>NORTH PORT, FL 34287 | ☒ Delete | S<br>JACK ALEXANDER<br>216 NATURES WAY<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BROOKS, PHILLIE<br>321 SALT CREEK DR.<br>NORTH PORT, FL 34287 | ☒ Delete | D<br>SHARON REISEN<br>337 SALT CREEK DR.<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JULIAN, JIM<br>318 SALT CREEK DR.<br>NORTH PORT, FL 34287 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBERTS, BOB<br>339 SALT CREEK DR.<br>NORTH PORT, FL 34287 | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** James R. Julian JAMES R. JULIAN, TREAS 2/6/2008 941-429-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #