2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N02000004429

Entity Name: RIVERWALK MOBILE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SCOTT E. GORDON, ESQ.
TWO N. TAMIAMI TRL STE 500
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O SCOTT E. GORDON, ESQ.
TWO N. TAMIAMI TRL STE 500
SARASOTA, FL 34236

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
TWO N TAMIAMI TRL STE 500
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: V ( ) Delete
Name: ADAMS, BILL
Address: 450 NEW POND CT
City-St-Zip: NORTH PORT, FL 34287

Title: V ( ) Delete
Name: KORNZSIEWICZ, DONNA
Address: 232 NATVRES WAY
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: ALEXANDER, JACK
Address: 216 NATVRES WAY
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete
Name: JULIAN, JIM
Address: 318 SALT CREEK DR.
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: ROBERTS, BOB
Address: 339 SALT CREEK DR.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, BILL
Address: 450 NEW POND COURT
City-St-Zip: NORTH PORT, FL 34287

Title: V (X) Change ( ) Addition
Name: MOONEY, SHARON
Address: 306 SALT CREEK DRIVE
City-St-Zip: NORTH PORT, FL 34287

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

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

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

Title: D (X) Change ( ) Addition
Name: REISEN, SHARON
Address: 337 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 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: PENNY DICKS S 02/03/2009

Electronic Signature of Signing Officer or Director — Date