

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004429

FILED
Feb 02, 2010
Secretary of State

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 (X)**

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
Name: ADAMS, WILLIAM
Address: 450 NEW POND COURT
City-St-Zip: NORTH PORT, FL 34287

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

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

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

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

Title: D
Name: REISEN, SHARON
Address: 337 SALT CREEK DRIVE
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: PENNY DICKS

S

02/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date