

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004461

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: RIVERGATE AT PALM COAST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

185 CYPRESS POINT PARKWAY  
PALM COAST, FL 32164

**New Principal Place of Business:**

185 CYPRESS POINT PARKWAY  
SUITE 700  
PALM COAST, FL 32164

**Current Mailing Address:**

185 CYPRESS POINT PARKWAY  
PALM COAST, FL 32164

**New Mailing Address:**

185 CYPRESS POINT PARKWAY  
SUITE 700  
PALM COAST, FL 32164

FEI Number: 20-1249580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAZZOLI, LAURA  
185 CYPRESS POINT PARKWAY  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

GAZZOLI, LAURA  
185 CYPRESS POINT PARKWAY  
SUITE 700  
PALM COAST, FL 32164 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SAWDAI, MICHAEL  
Address: 185 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: VPT (X) Delete  
Name: MENTZER, MICHEL  
Address: 185 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

Title: SD (X) Delete  
Name: GAZZOLI, ROBERT  
Address: 185 CYPRESS POINT PARKWAY  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SAWDAI, MICHAEL  
Address: 185 CYPRESS POINT PARKWAY, SUITE 700  
City-St-Zip: PALM COAST, FL 32164

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL SAWDAI

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date