


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 012 ****61.25

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



Principal Place of Business
 185 CYPRESS POINT PARKWAY
 SUITE 700
 PALM COAST, FL 32164

Mailing Address
 185 CYPRESS POINT PARKWAY
 SUITE 700
 PALM COAST, FL 32164

40067065



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04032008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-1249580

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
GAZZOLI, LAURA
 185 CYPRESS POINT PARKWAY
 SUITE 700
 PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
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 Delete
 NAME **P SAWDAL, MICHAEL**
 STREET ADDRESS **185 CYPRESS POINT PARKWAY, SUITE 700**
 CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD LETTIERI, ROSEANN**
 STREET ADDRESS **185 CYPRESS POINT PKWY SUITE 700**
 CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VTD COLLINS, BOB**
 STREET ADDRESS **185 CYPRESS POINT PKWY SUITE 700**
 CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: MICHAEL SAWDAL Date: 4/7/08 (386)445-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #