

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 JUN -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004461



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



2. Principal Place of Business - No P.O. Box #
110 Raintree Circle

3. Mailing Address
PO Box 354644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05202008 Chg-NP CR2E037 (12/06)

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number
20-1249580

Applied For
 Not Applicable

Zip
32164

Country
Flagler

Zip
32135

Country
Flagler

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

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

Name
Bellapianta, Marc

Street Address (P.O. Box Number is Not Acceptable)
17 Old Kings Rd. North

Suite B

City
Palm Coast

FL

Zip Code
32137

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

Marc Bellapianta, Prop. Mgr.

6.7.08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE PD Change Addition
NAME Mondello, Joseph
STREET ADDRESS 31 Raintree Circle
CITY-ST-ZIP Palm Coast, FL 32164

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

TITLE VPD Change Addition
NAME Rice, Judith
STREET ADDRESS 5 Royale Lane
CITY-ST-ZIP Palm Coast, FL 32164

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

TITLE STD Change Addition
NAME Peters, Ann
STREET ADDRESS 28 Raintree Circle
CITY-ST-ZIP Palm Coast, FL 32164

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600131282896
06/13/08--01025--026 **61.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOSEPH MONDELLO (386) 445-9282

Date

Daytime Phone #

6/4/08