2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004461

FILED Apr 02, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

110 RAINTREE CIRCLE PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

P.O. BOX 35644 P.O. BOX 354644

PALM COAST, FL 32135 US

FEI Number: 20-1249580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BELLAPIANTA, MARC PREFERRED MANAGEMENT SERVICES, INC. 17 OLD KINGS RD. NORTH 109 S. 6TH STREET SUITE 200

PALM COAST, FL 32137 US FLAGLER BEACH, FL 32136 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.

0.01.47.17.

SIGNATURE: LEA STOKES 04/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MONDELLO, JOSEPH Name: HESLIN, FRANK

Address: 31 RAINTREE CIRCLE Address: 70 RAINTREE CIRCLE
City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: RICE, JUDITH Name: BRUCCULERI, MARY

Address: 5 ROYALE LANE Address: 98 RAINTREE CIRCLE
City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 PETERS, ANN
 Name:
 CASALO, JOHN

 Address:
 28 RAINTREE CIRCLE
 Address:
 23 RAINTREE CIRCLE

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:
 PALM COAST, FL 32164 US

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: FRANK HESLIN PRES 04/02/2009