

Riverclub of Port Charlotte Homeowners' Association, Inc.

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-18-2007 90216001*5328.75
N05000008558


FILED

07 MAY 23 PM 2:37

CLERK OF STATE
TALLAHASSEE, FLORIDA



02152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000008558			
1. Entity Name RIVERCLUB OF PORT CHARLOTTE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442		Mailing Address 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 12771 WESTLINKS DRIVE		3. Mailing Address 12771 WESTLINKS DRIVE	
Suite, Apt. #, etc. SUITE 9		Suite, Apt. #, etc. SUITE 9	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33913	Country	Zip 33913	Country
4. FEI Number 72-1615652		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E 80 SW 8TH ST STE 2550 MIAMI, FL 33130		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFIN, T. FAWN 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENTECOST, JONATHON M 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PENTECOST, JONATHON 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGGIANO, MOLLY 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYVRET, MOLLY A. 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRA, FRANCES 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, SCOTT 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, RAFAEL 1245 SOUTH MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Handwritten: 5/8/07</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Molly A. Syvret</i>		Date: <i>5/8/07</i>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	