Riverclub of Port Charlotte Homeowners' Association, Inc

04-17-2008 90161 001 *5,818.75
N05000008558

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 30 AM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N05000008558

1. Entity Name
RIVERCLUB OF PORT CHARLOTTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12771 WESTLINKS DRIVE SUITE 9 FORT MYERS, FL 33913	12771 WESTLINKS DRIVE SUITE 9 FORT MYERS, FL 33913

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13880 TREELINE AVENUE SOUTH	13880 TREELINE AVENUE SOUTH
Suite, Apt. #, etc SUITE 3	Suite, Apt. #, etc SUITE 3
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip: 33913 Country:	Zip: 33913 Country:

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number: 72-1615652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COFFIN, T FAWN 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13880 TREELINE AVENUE SOUTH (CORRECT ADDRESS ONLY)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PENTECOST, JONATHON M 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 13880 TREELINE AVENUE SOUTH (CORRECT ADDRESS ONLY)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SYVRET, MOLLY A 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RATZ, JAMES 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, SCOTT 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$ 4/4/36 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: James Ratz 4/4/8 239-225-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #