


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 013 ****61.25

DOCUMENT # N06000003348

1. Entity Name
RIVER RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
 837 - 8TH STREET
 VERO BEACH, FL 32962 US

Mailing Address
 837 - 8TH STREET
 VERO BEACH, FL 32962 US

2. Principal Place of Business - No P.O. Box #
3300 N3rd Ave.
 Suite, Apt. #, etc.
4125

3. Mailing Address
P.O. Box 650099
 Suite, Apt. #, etc.



01232008 Chg-NP CR2E037 (12/06)

City & State
Vero Beach FL

City & State
Vero Beach FL

Zip
32960

Country
USA

Zip
32965

Country
USA

4. FEI Number
20-4681832

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARAVAGLIA, MICHAEL J
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

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 _____ (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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REXFORD, JOHN 837 - 8TH STREET VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOSBY, RANDY 837 - 8TH STREET VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOSBY, GLORIA 837 - 8TH STREET VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rexford, John P.O. Box 650099 Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Mosby, Randy P.O. Box 650099 Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Mosby, Gloria P.O. Box 650099 Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Gloria S. Mosby Gloria S Mosby 1/28/08 772-569-4087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #