

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 020 ****66.25

DOCUMENT # N07735	
1. Entity Name RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5330 GREEN KEY ROAD NEW PORT RICHEY FL 34652 US	Mailing Address 6509 CARLY DR NEW PORT RICHEY FL 34652 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6509 CARLY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. NEW PORT RICHEY FL
City & State	City & State

Zip	Country	Zip	Country
34652		34652	PASCO



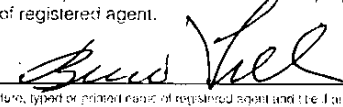
1st MOORE CR2E037 (10/07)

4. FEI Number 23-5222185	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYONS, VICKIE 6509 CARLY DR NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name BRAND-TRESKON Street Address (P.O. Box Number is Not Acceptable) 6418 CANE RUN DR. NEW PORT RICHEY City FL Zip Code 34652
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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  3-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature and title when constituting) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTE, NORMAN 6509 CARLY DR NEW PORT RICHEY FL 34652 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LORRETA BROWN 6501 CRASTON DR NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONKLIN, LES 6425 CANE RUN DR. NEW PT RICHEY FL 34652 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BONNIE PAVLAT 6514 GRASTON DR NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYONS, VICKI 6509 CARLY DR. NEW PORT RICHEY FL 34652 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MIRIAM BREWER 6424 PRESTON DR. NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STROTH, RAYMOND 6426 CANE RUN DR. NEW PORT RICHEY FL 34652 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRAND-TRESKON 6418 CANE RUN DR NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTERNATE ANN PARKS 6429 PRESTON DR NEW PORT RICHEY FL 34652 ☐ 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 Section 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: 