2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18057

FILED May 03, 2008 Secretary of State

Entity Name: RIVER GROVES HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1451 S. JENNINGS LANE ROCKLEDGE, FL 32955 US **Current Mailing Address: New Mailing Address:** 1451 S. JENNINGS LANE ROCKLEDGE, FL 32955 US FEI Number: 59-2751150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKIE, JUDITH E. T WILKIE, JUDITH E. E. 1451 S. JENNINGS LANE 1451 S. JENNINGS LANE US US ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 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. SIGNATURE: JUDITH WILKIE 05/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MELANSON, GILBERT BRAY, MARY JO Name: Name: 1440 N. JENNINGS LANE Address: 1432 N. JENNINGS LANE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: (X) Change () Addition Name: MCNUTT, CARL Name: MCNUTT, CARL Address: 1445 N. JENNINGS LANE Address: 1445 N. JENNINGS LANE City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: () Change () Addition STEVENSON, CARLA Name: Name: 1435 N. JENNINGS LANE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILKIE, JUDITH, Name: 1451 S. JENNINGS LAN.E Address: Address: City-St-Zip: ROCKLEDGE, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition VOSIKA, CHERYL Name: Name: 1437 N. JENNINGS LANE Address: Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip:

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: JUDITH WILKIE Т 05/03/2008