



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90019 001 ****61.25

DOCUMENT # N28123			
1. Entity Name RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5145 WATER LILY WAY FT. PIERCE FL 34981 US		Mailing Address 5145 WATER LILY WAY FT. PIERCE FL 34981 US	
2. Principal Place of Business 5145 TURTLE CK PL Suite, Apt. #, etc.		3. Mailing Address 5145 TURTLE CK PL FL PIERCE Suite, Apt. #, etc.	
City & State Ft. Pierce FL		City & State Ft. Pierce, FL	
4. FEI Number 65-0160871	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired 34981 St Lucie		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAYTON, PAUL 5145 WATER LILY WAY FT. PIERCE FL 34981		7. Name and Address of New Registered Agent Name: Paul DAYTON Street Address (P.O. Box Number is Not Acceptable): 5145 TURTLE CREEK PLACE City: Ft Pierce FL Zip Code: 34981	
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: 7/28/04			



MOORE CR2E037 (4/04)

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLETT, GARY 5145 WATER LILY WAY FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANZYL, PHILIP 5148 WATERSIDE WAY FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREW, TIMOTHY 2208 RIVER BRANCH DR. FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYTON, PAUL 5145 TURTLE CREEK PL FT PIERCE FL <input type="checkbox"/> Delete	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"/> Delete	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"/> 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 exemption stated in Section 119.07(3)(i), 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:  **Paul DAYTON**, 7/28/04 489 0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #