2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N37739

1. Entity Name
RIVERVIEW MANOR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 19254 SARASOTA, FL 34276-2254 US	P.O. BOX 19254 SARASOTA, FL 34276-2254 US

04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0191149
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBLATT, PETER
2504 WATERVIEW CT
SARASOTA, FL 34231

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDBLATT, PETER
STREET ADDRESS	2504 WATERVIEW CT.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	TD
NAME	VALENTICH, MICHELLE
STREET ADDRESS	2486 WATERVIEW CT.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD
NAME	BECKER, LARRY
STREET ADDRESS	2497 WATERVIEW CT
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	SD
NAME	STEIGER, GERALDINE
STREET ADDRESS	2534 WATERVIEW CT.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80025-008 61.25

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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: Michelle C. Valentich Treasurer Michelle C. Valentich 4-13-05 941-922-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #