# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2006 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<br>SARASOTA, FL 34276-2254 US | P.O. BOX 19254<br>SARASOTA, FL 34276-2254 US |

03222006 No Chg-NP CR2E037 (11/05)

**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

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is $61.25
Due by May 1, 2006

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 | |

100000483497
04/12/06-00001-006 61.25

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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:** Michelle C. Valentich, TREASURER Michelle C. Valentich 3-26-06 941-922-6383