2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37739

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



FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90074 008 ****61.25

Principal Place of Business P.O. BOX 19254 SARASOTA, FL 34276-2254 US		Mailing Address P.O. BOX 19254 SARASOTA, FL 34276-2254 US					11811 BJBH 44811 I	LIN LIN 1:1	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04	142008 CI	ng-NP	CR2E037	(12/06)	
City & State		City & State			FEI Number 65-019114	.9			oplied For ot Applicable
Zip	Country	Zip	Country	5. (Certificate of St	atus Desired		8.75 Addes Require	
 .	6. Name and Address of Curren	t Registered Agent			Name and Add	ress of New Re	gistered Ag	ent	
GOLDBLATT, PETER 2504 WATERVIEW CT SARASOTA, FL 34231		-		Name Street Address (P.O. Box Number is Not Acceptable)					
			City					Zip Cod	e
							FL		
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registered offi	e or registered ag	gent, or both, in	the State of Flor	ida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Agent	gnature required when n	einstating)		DATE	, · · · · · - · ·	
H:	Filing Fee is \$61.25 Due by May 1, 2008		ampaign Financi Contribution.		00 May Be ed to Fees		ike check j da Departn		1
10.	OFFICERS AND D	IRECTORS	11.	ADDIT	TIONS/CHANG	ES TO OFFICER	S AND DIRE	CTORS IN	1 10
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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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

TREASURER

4-17-08

941-922-6383

Daytime Phone #