2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N37739

Entity Name: RIVERVIEW MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 19254
SARASOTA, FL 342762254 US

New Principal Place of Business:

2504 WATERVIEW CT.
SARASOTA, FL 34231 US

Current Mailing Address:

P.O. BOX 19254
SARASOTA, FL 342762254 US

New Mailing Address:

FEI Number: 65-0191149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBLATT, PETER
2504 WATERVIEW CT
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GOLDBLATT, PETER	
Address:	2504 WATERVIEW CT.	
City-St-Zip:	SARASOTA, FL 34231	
Title:	TD	( ) Delete
Name:	VALENTICH, MICHELLE	
Address:	2486 WATERVIEW CT.	
City-St-Zip:	SARASOTA, FL 34231	
Title:	VD	( ) Delete
Name:	BECKER, LARRY	
Address:	2497 WATERVIEW CT	
City-St-Zip:	SARASOTA, FL 34231	
Title:	SD	( ) Delete
Name:	BUSCHE, SILKE	
Address:	2558 WATERVIEW CT.	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: MICHELLE C. VALENTICH TD 04/10/2009

Electronic Signature of Signing Officer or Director — Date