

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000714

FILED
Jan 29, 2009
Secretary of State

Entity Name: RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

106 GLENN STREET
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

106 GLENN STREET
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 59-3108001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, CHRISTINE A
115 PUTTER LANE
CRESCENT CITY, FL 32112 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: P () Delete
Name: CAREY, JAMES D
Address: 104 LAKE DRIVE
City-St-Zip: CRESCENT CITY, FL 32112

Title: T () Delete
Name: DREESSEN, ROSEMARY
Address: 206 S. HAYES
City-St-Zip: CRESCENT CITY, FL 32112

Title: S () Delete
Name: TAYLOR, CHRISTINE A
Address: 115 PUTTER LANE
City-St-Zip: CRESCENT CITY, FL 32112

Title: VP () Delete
Name: ENLOW, WAYNE
Address: 114 VERMONT ST.
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: ALEXANDER, WILLIAM
Address: 126 HICKS AVE.
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: BORSUM, ERVIN
Address: 117 ILLINOIS ST.
City-St-Zip: CRESCENT CITY, FL 32112

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:

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: CHRISTINE TAYLOR

S

01/29/2009

Electronic Signature of Signing Officer or Director

Date