


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003531**  
1. Entity Name  
CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.



Principal Place of Business  
18721 SW 108 STREET  
DUNNELLON, FL 34432

Mailing Address  
P O BOX 817  
DUNNELLON, FL 34430



04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0685545

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SEREDA, SHIRLEY  
18860 SW 110 PL  
DUNNELLON, FL 34432

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

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	P
NAME	SEREDA, SHIRLEY
STREET ADDRESS	18860 SW 110 PLACE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	VP
NAME	KARPOWICH, GAIL
STREET ADDRESS	18758 SW 108 ST
CITY-ST-ZIP	DUNNELLON, FL
TITLE	S
NAME	FISHER, CARMEN
STREET ADDRESS	18721 SW 108TH ST.
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	T
NAME	BURKS, GRACE
STREET ADDRESS	11190 SW 186 CIRCLE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	REISEN, HARRY
STREET ADDRESS	10943 189 TERRACE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	HEGEDUS, JAMES
STREET ADDRESS	10971 SW 189 TERRACE
CITY-ST-ZIP	DUNNELLON, FL

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04/19/05-80087-001 122.50

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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)(f), 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: Grace Burks GRACE BURKS 4-11-2005 352-489-2586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #