


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90402 009 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N96000003531</b>                                   |  |
| 1. Entity Name<br>CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>18721 SW 108 STREET<br>DUNNELLON, FL 34432 | Mailing Address<br>P O BOX 817<br>DUNNELLON, FL 34430 |
|---|---|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

03182006 Chg-NP CR2E037 (11/05)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0685545 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent           |  |
| SEREDA, SHIRLEY<br>18860 SW 110 PL<br>DUNNELLON, FL 34432 |  |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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

Filing Fee is \$61.25  
Due by May 1, 2006

|  |                             |
|--|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SEREDA, SHIRLEY<br>18860 SW 110 PLACE<br>DUNNELLON, FL <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KARPOWICH, GAIL<br>18758 SW 108 ST<br>DUNNELLON, FL <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FISHER, CARMEN<br>18721 SW 108TH ST.<br>DUNNELLON, FL 34432 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BURKS, GRACE<br>11190 SW 186 CIRCLE<br>DUNNELLON, FL <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REISEN, HARRY<br>10943 189 TERRACE<br>DUNNELLON, FL <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HEGEDUS, JAMES<br>10971 SW 189 TERRACE<br>DUNNELLON, FL <input type="checkbox"/> Delete         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>HARRY REISEN<br>10943 189 TERR<br>DUNNELLON FL 34432 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** Grace Burks **TREASURER** 4-18-06 352-489-2580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #