


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 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
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04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0685545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEREDA, SHIRLEY 18860 SW 110 PLACE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REISEN, HARRY 10943 129TH TERR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, CARMEN 18721 SW 108TH ST. DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURKS, GRACE 11190 SW 186 CIRCLE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISEN, HARRY 10943 189 TERRACE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGEDUS, JAMES 10971 SW 189 TERRACE DUNNELLON, FL

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 05/08/07-80003-001 61.25

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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: Grace Burks GRACE BURKS 4-20-07 352-489-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #