


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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**

**DO NOT WRITE IN THIS SPACE**



04122008 No Chg-NP CR2E037 (4/06)

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	PD MOTT, GEORGE 10995 SW 186TH CIRCLE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEIGER, JIM 3 SEASIDE LANE #202 BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STARLING, MARY SUE 10951 SW 186TH CIRCLE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURKS, GRACE 11190 SW 186 CIRCLE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER, STEVE 18955 SW 104TH PLACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, DAN 10470 SW 190TH TERRACE DUNNELLON, FL 34432

U00000917579  
 05/13/08-80046-022 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 **4-17-2008** **352-481-2581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #