

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004950

FILED
Mar 03, 2009
Secretary of State

Entity Name: RIVER MOORINGS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

495 RIVER MOORINGS DR.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540426
MERRITT ISLAND, FL 329540426

New Mailing Address:

FEI Number: 59-3460156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENYHART, ANDREW W
160 MCLEOD ST.
MERRITT ISLAND, FL 32953 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: D () Delete
Name: WOODS, GLENN
Address: 645 RIVER MOORINGS DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: SHEFFIELD, SALLY
Address: 565 RIVER MOORINGS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: FERRANDO, VINCENT
Address: 475 RIVER MOORINGS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: VAYDA, JEFF
Address: 640 RIVER MOORINGS DR.
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAIZ, ARMANDO
Address: 525 RIVER MOORINGS DR
City-St-Zip: MERRITT ISLAND, FL 32953

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: SALLY SHEFFIELD

TD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date