

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748842

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

228 RIVERBEND ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

228 RIVERBEND ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-1567397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIGGINS, KIM  
228 RIVERBEND RD  
ORMOND BEACH, FL 32174 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: P  
Name: PYLE, BRUCE  
Address: 233 RIVERBEND RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T  
Name: WIGGINS, KIM  
Address: 228 RIVERBEND RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V  
Name: WELLMAN, ELLA  
Address: 229 RIVERBEND RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD  
Name: LEWIS, WALTER  
Address: 226 TREELINE RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD  
Name: STONER, WADE  
Address: 223 TREELINE LANE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: KIM WIGGINS

TRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date