

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707298

Entity Name: RIVER PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

410 SE NARANJA AVENUE
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

PO BOX 8122
PORT SAINT LUCIE, FL 34985

FEI Number: 59-6146941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPLAN, DAVID
410 SE NARANJA AVENUE
PORT SAINT LUCIE, FL 34983 US

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

Officer/Director Detail :

Title PD
Name KAPLAN, DAVID
Address P. O. BOX 8122
City-State-Zip: PORT SAINT LUCIE FL 34985

Title TD
Name MARKELL, SHEILA
Address PO BOX 8122
City-State-Zip: PORT SAINT LUCIE FL 34985

Title SVPD
Name DAVIS, ROBERT
Address PO BOX 8122
City-State-Zip: PORT SAINT LUCIE FL 34985

Title SD
Name MARKELL, SHEILA
Address PO BOX 8122
City-State-Zip: PORT SAINT LUCIE FL 34985

Title FVPD
Name IVINS, KATHLEEN
Address P. O. BOX 8122
City-State-Zip: PORT SAINT LUCIE FL 34985

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: SHEILA MARKELL

SECRETARY/TREASURER 02/21/2015

Electronic Signature of Signing Officer/Director Detail

Date