

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734801

FILED
Apr 13, 2021
Secretary of State
9134636377CC**Entity Name:** RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652**Current Mailing Address:**5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 US**FEI Number: 59-3069329****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 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: MARY BURNARD****04/13/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SCHWALLER, JAMES
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	KILCOIN, MIKE
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	STEWART, WOODY
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	BOZEMAN, STUART
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	HALLEEN, CHAD
Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652

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: JAMES SCHWALLER**PRESIDENT****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date