## SIGNATURE: JAMES SCHWALLER

NEW PORT RICHEY FL 34652

SUITE 7Q

City-State-Zip:

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	SCHWALLER, JAMES	Name	KILCOIN, MIKE
Address	5901 US HWY 19 SUITE 7Q	Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	SECRETARY	Title	TREASURER
Name	STEWART, WOODY	Name	BOZEMAN, STUART
Address	5901 US HWY 19 SUITE 7Q	Address	5901 US HWY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR		
Name	HALLMAN, CHAD		
Address	5901 US HWY 19		

FEI Number: 59-3069329

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

QUALIFIED PROPERTY MANAGEMENT INC 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US

SIGNATURE: MARY BURNARD

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.

NEW PORT RICHEY, FL 34652 US

SUITE 7Q

NEW PORT RICHEY, FL 34652

## **Current Mailing Address:**

5901 US HWY 19 SUITE 7Q

# DOCUMENT# 734801

Entity Name: RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

## **Current Principal Place of Business:**

5901 US HWY 19

REPORT

Certificate of Status Desired: No

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.

## PRESIDENT

05/22/2020

05/22/2020 Date

# FILED May 22, 2020 Secretary of State 1474214227CC