

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743199

**FILED**  
**Jan 22, 2017**  
**Secretary of State**  
**CC0672205622**

**Entity Name:** RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

313 POMPANO DR  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

P O BOX 510462  
MELBOURNE BEACH, FL 32951

**FEI Number:** 59-2381003

**Certificate of Status Desired:** No

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

RIVERS EDGE HOMEOWNERS ASSOCIATION  
313 POMPANO DR  
MELBOURNE BEACH, FL 32951 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:** CHARLES D. WESTERFIELD

01/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SEIVERTH, RONALD  
Address        313 POMPANO DR  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            WESTERFIELD, CHARLES  
Address        283 MARLIN PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            TREASURER  
Name            MARKS, JAMIE  
Address        313 AMBERJACK PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            SECRETARY  
Name            MILLS, THOMAS  
Address        290 POMPANO DR  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            VP  
Name            ZABINKSI, STACEY  
Address        2240 S RIVER RD  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            HERNANDEZ, GABRIEL  
Address        250 POMPANO DR  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            FAY, ROBERT  
Address        373 AMBERJACK PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** JAMIE MARKS

**TREASURER**

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date