

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743199

FILED
Jan 17, 2014
Secretary of State
CC7572844254

Entity Name: RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

340 AMBERJACK PL
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:

GARY L. ROBINSON
340 AMBERJACK PL
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name PATERNOSTER, JUDY
Address 2245 SOUTH RIVER ROAD
City-State-Zip: MELBOURNE BEACH FL 32951

Title VP
Name LOGLISCI, VINCE
Address 340 MARLIN PL
City-State-Zip: MELBOURNE BCH FL 32951

Title D
Name COOPER, MINTON
Address 290 MARLIN PL
City-State-Zip: MELBOURNE BEACH FL 32951

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

Title P
Name KIRWIN, WILLIAM
Address 320 AMBERJACK PL
City-State-Zip: MELBOURNE BEACH FL 32951

Title D
Name RYBICKI, GEORGE
Address 350 ALBACORE PL
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER
Name ROBINSON, GARY L
Address 340 AMBERJACK PL
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: GARY L. ROBINSON

TREASURER

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date