

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748842

**Entity Name:** RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION,INC.**Current Principal Place of Business:**233 RIVERBEND RD.  
ORMOND BEACH, FL 32174**Current Mailing Address:**P.O. BOX 730095  
ORMOND BEACH, FL 32173**FEI Number: 83-4066727****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PYLE, BRUCE DALE  
233 RIVERBEND RD.  
ORMOND BEACH, FL 32174 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: BRUCE D. PYLE****02/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WATTS, LINDA  
Address        279 RIVERBEND RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title           VP  
Name           HICKS, JOHN KIETH  
Address        283 RIVERBEND RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title           D  
Name           SAYRE, ALVIN  
Address        221 RIVERBEND RD  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           GAYNE, TONY  
Address        251 RIVERBEND ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title           PRESIDENT  
Name           PYLE, BRUCE  
Address        233 RIVERBEND ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           DEWILLIAMS, LUZ  
Address        221 TREELINE LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           BLACK, ANDREW  
Address        292 WILDWOOD LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title           SECRETARY - NON VOTING BOARD  
                 MEMBER  
Name           SAYRE, KAREN  
Address        221 RIVERBEND ROAD  
City-State-Zip: ORMOND BEACH FL 32174

*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: BRUCE D. PYLE****PRESIDENT****02/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date