

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08781

**Entity Name:** RIVERWOODS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**P.O. BOX 50886  
JACKSONVILLE BEACH, FL 32240 US**FEI Number:** 59-2625355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVER CITY MGMT. SRVS.  
1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250 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	P
Name	BELGE, LARRY
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	VP
Name	ALI, JOSH
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	TREASURER
Name	CHIALTAS, SPYROS
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	MCGEE, VIC
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	SECRETARY
Name	BELGE, BARBARA
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	EVERS, LISA
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	HARBIN, MEG
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

*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:** LARRY BELGE**PRESIDENT****02/03/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date