

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18057

**Entity Name:** RIVER GROVES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1451 S. JENNINGS LANE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1451 S. JENNINGS LANE  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-2751150

**Certificate of Status Desired:** No

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

WILKIE, JUDITH E  
1451 S. JENNINGS LANE  
ROCKLEDGE, FL 32955 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 WILKIE, CURT S  
Address 1451 S. JENNINGS LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title VP  
Name STEVENSON, CARLA  
Address 1435 N. JENNINGS LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title VP  
Name VOSIKA, CHERYL  
Address 1437 N. JENNINGS LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title T  
Name JUDITH E. WILKIE  
Address 1451 S. JENNINGS LAN.E  
City-State-Zip: ROCKLEDGE FL 32955

Title VP  
Name EDWARDS, MILLIE  
Address 1443 N. JENNINGS LANE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** JUDITH WILKIE

**TREASURER**

**04/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date