

2016 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****04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date