

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20865

**Entity Name:** RIO VILLA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**137 S. COURTENAY PKWY  
683  
MERRITT ISLAND, FL 32952**Current Mailing Address:**137 S. COURTENAY PKWY  
683  
MERRITT ISLAND, FL 32952**FEI Number:** 59-2881194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TCB PROPERTY MANAGEMENT  
137 S. COURTENAY PKWY  
683  
MERRITT ISLAND, FL 32952 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	DIRECTOR
Name	HALGOPIAN, AL
Address	137 S. COURTENAY PKWY #683
City-State-Zip:	MERRITT ISLAND FL 32952

Title	TD
Name	EGLIN, STEPHEN
Address	503 RIO CASA DR. N
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	MORRIS, JAMES
Address	538 RIO CASA DR N
City-State-Zip:	INDIALANTIC FL 32903

Title	PRESIDENT
Name	ROMEO, DEANNA
Address	3090 RIO BAYA N
City-State-Zip:	INDIALANTIC FL 32903

Title	D
Name	MINNIX, TY
Address	3067 RIO PALMA N.
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	BUTTS, CHARLES
Address	435 RIO CASA DR
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	PULVINO, JOE
Address	3078 RIO BAYA
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	COBLE, KATHARINE
Address	3071 RIO PALMA N
City-State-Zip:	INDIALANTIC FL 32903

**Continues on page 2**

*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:** DEANNA ROMEO

PD

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PASCUAL, NOY
Address	3080 RIO PALMA S
City-State-Zip:	INDIALANTIC FL 32903