

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90039 017 ****61.25

DOCUMENT # 707298 1. Entity Name RIVER PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 8122 PORT LUCIE, FL 34985			Mailing Address P. O. BOX 8122 PORT LUCIE, FL 34985		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08312006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-6146941				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEBASTIAN, GOMEZ MR. 225 E. ARBOR AVE. PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name: Deborah S. Soesbe Street Address (P.O. Box Number is Not Acceptable): 303 Bay Street City: Port St. Lucie, FL 34952 FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Deborah S. Soesbe</u> 8/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME EILEEN, JENNY STREET ADDRESS 350 NE SOLIDA DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE PD NAME Kathleen Ivins STREET ADDRESS 160 SE Floresta Dr. CITY-ST-ZIP Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GOMEZ, SEBASTIAN MR. STREET ADDRESS 225 E. ARBOR AVE. CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE S NAME Deborah S. Soesbe STREET ADDRESS 303 Bay Street CITY-ST-ZIP Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KEELER, DENNIS STREET ADDRESS 213 RAMIE LANE CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE D NAME Robert J. Soesbe STREET ADDRESS 135 SE Naranja Ave. CITY-ST-ZIP Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE FVPD NAME SOMERO, LINDA STREET ADDRESS 221 OLIVE AVE. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE FVPD NAME Sebastian Gomez STREET ADDRESS 225 E Arbor Ave. CITY-ST-ZIP Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ROACH, MAE STREET ADDRESS 181 SE LUCERO DR. CITY-ST-ZIP PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE TD NAME David Kaplan STREET ADDRESS 410 SE Naranja Ave. CITY-ST-ZIP Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVPD NAME IVENS, KATHLEEN STREET ADDRESS 160 SE FLORESTA DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE SVPD NAME Mildred Kobblank STREET ADDRESS 311 NE Olive Ave. CITY-ST-ZIP Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Deborah S. Soesbe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/31/06 (772)528-1075 <small>Date Daytime Phone #</small>		