

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707298

FILED
Jul 31, 2008
Secretary of State

Entity Name: RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 8122
PORT LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8122
PORT LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-6146941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IVINS, KATHLEEN H
160 SE FLORESTA DRIVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

GOMEZ, SEBASTIAN
225 E. ARBOR AVE.
PORT SAINT LUCIE, FL 34952 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: SEBASTIAN GOMEZ

07/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IVINS, KATHLEEN
Address: 160 SE FLORESTA DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S () Delete
Name: BEAVER, JOHNETTE
Address: 775 NE PRIMA VISTA BOULEVARD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: KAPLAN, DAVID
Address: 410 SE NARANJA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: FVPD () Delete
Name: GOMEZ, SEBASTIAN
Address: 225 EAST ARBOR AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SVPD () Delete
Name: BEAVER, RONNIE
Address: 775 NE PRIMA VISTA BOULEVARD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOMEZ, SEBASTIAN
Address: 225 E. ARBOR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: WANDS, CAROL
Address: 440 SE SANDIA DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FVPD (X) Change () Addition
Name: KOLBLANK, MILDRED
Address: 311 OLIVE AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SEBASTIAN GOMEZ

PD

07/31/2008

Electronic Signature of Signing Officer or Director

Date