

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707298

FILED  
Feb 08, 2012  
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:**

410 SE NARANJA AVENUE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

P. O. BOX 8122  
PORT LUCIE, FL 34985

**New Mailing Address:**

PO BOX 8122  
PORT SAINT LUCIE, FL 34985

**FEI Number:** 59-6146941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNNER, SARAH  
490 E. PRIMA VISTA BLVD.  
PORT SAINT LUCIE, FL 34983 US

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

KAPLAN, DAVID  
410 SE NARANJA AVENUE  
PORT SAINT LUCIE, FL 34983 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: DAVID KAPLAN

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: CROGHAN MARKELL, SHEILA  
Address: 150 RIO MAR DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD  
Name: CROGHAN MARKELL, SHEILA  
Address: 150 RIO MAR DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: FVPD  
Name: IVINS, KATHLEEN  
Address: 160 SE FLORESTA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SVPD  
Name: MARTINEZ, JOSEFINA  
Address: 1517 SW URBINO AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: DAVID KAPLAN

PD

02/08/2012

Electronic Signature of Signing Officer or Director

Date