## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710362**

FILED Apr 23, 2005 Secretary of State

Entity Name: RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3208 PATSBURG PLACE

DADE CITY, FL 33523 US

33110 MULBERRY RD
DADE CITY, FL 33523 US

Current Mailing Address: New Mailing Address:

3208 PATSBURG PLACE
DADE CITY, FL 33523 US
33110 MULBERRY RD
DADE CITY, FL 33523 US

FEI Number: 59-2364162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DEETER, LORRIE E SEIP, DAVID A
3208 PATSBURG PLACE 33110 MULBERRY RD
DADE CITY, FL 33523 US DADE CITY, FL 33523 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 A SEIP 04/23/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: DEETER, LORRIE Name: STAFFORD, MONA

Address: 3208 PATSBURG PLACE Address: 3507 RIVERDALE DR
City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 SEIP, DAVID
 Name:
 SEIP, DAVID A

 Address:
 3204 CEDLEY ROAD
 Address:
 33110 MULBERRY RD

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:
 DADE CITY, FL 33523

 $\label{eq:title:title:VP} \mbox{Title:} \mbox{ VP } \mbox{( ) Delete} \mbox{ Title: VP } \mbox{( X) Change ( ) Addition}$ 

Name:STAFFORD, TYRONEName:BREESE, DOUGAddress:3507 RIVERDALE DRIVEAddress:33083 CEDONIA RDCity-St-Zip:DADE CITY, FL 33523City-St-Zip:DADE CITY, FL 33523

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MESSER, RICK
 Name:

 Address:
 33160 PATRICE ROAD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STAFFORD, MONA
 Name:

 Address:
 3507 RIVERPALE DRIVE
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CRABTREE, MARGE
 Name:

 Address:
 33137 CERCELIA ROAD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID A SEIP MR. 04/23/2005