2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710362

FILED Apr 26, 2008 Secretary of State

Entity Name: RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 33110 MULBERRY RD DADE CITY, FL 33523 US **Current Mailing Address: New Mailing Address:** 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: SEIP, DAVID A 33110 MULBERRY RD 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GOLD, DANNY EDWARDS, DARRELL Name: Name: 3390 RIVERDALE DR Address: 3418 RIVERDALE DR Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: Title: () Delete () Change () Addition SEIP, DAVID A Name: Name: Address: 33110 MULBERRY RD Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: Title: () Delete Title: (X) Change () Addition SWANSON, JIM LOUGHERY, TOM Name: Name: 33115 MULBERRY RD Address: Address: 3361 RIVERDALE DR City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: В (X) Change () Addition Name: VANBUREN, JOHN Name: SWANSON, JIM 33115 JAMETTE RD Address: Address: 33115 MULBERRY RD City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: (X) Delete Title: () Change () Addition BREESE, DOUG Name: Name: 33083 CEDONIA RD Address: Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: Title: (X) Delete Title: () Change () Addition BOOTH, CATHERINE Name: Name: Address: 3391 RIVERDALE DR Address: DADE CITY, FL 33523 City-St-Zip: 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: DAVID A SEIP ST 04/26/2008