2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710362

FILED Apr 30, 2009 Secretary of State

Entity Name: RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 33110 MULBERRY RD 3506 RIVERDALE DR DADE CITY, FL 33523 US DADE CITY, FL 33523 US **Current Mailing Address: New Mailing Address:** 33110 MULBERRY RD 3506 RIVERDALE DR. DADE CITY, FL 33523 US 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 BOGOSTA, LYNN 33110 MULBERRY RD 3506 RIVERDALE DR. 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: LYNN BOGOSTA 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition EDWARDS, DARRELL LYLES, MIKE Name: Name: 3418 RIVERDALE DR Address: 3431 RIDERWOOD DR. Address: DADE CITY, FL 33523 DADE CITY, FL 33523 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete SEIP, DAVID A Name: SCHAFER, MARYANN Name: Address: 33110 MULBERRY RD Address: 3419 RIVERDALE DR. City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change () Addition LOUGHERY, TOM Name: Name: Address: 3361 RIVERDALE DR Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SWANSON, JIM Name: 33115 MULBERRY RD Address: Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: Title: () Delete Title: () Change (X) Addition BOGOSTA, LYNN Name: Name: 3506 RIVERDALE DR. Address: Address: City-St-Zip: City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change (X) Addition VANBUREN, JOHN Name: Name: Address: Address: 33115 JAMETTE RD 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: LYNN BOGOSTA S 04/30/2009