

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710362

FILED  
Feb 20, 2010  
Secretary of State

**Entity Name:** RIVERDALE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3506 RIVERDALE DR  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

3506 RIVERDALE DR.  
DADE CITY, FL 33523 US

**New Mailing Address:**

**FEI Number:** 59-2364162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGOSTA, LYNN  
3506 RIVERDALE DR.  
DADE CITY, FL 33523 US

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

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:**

Title: P  
Name: LYLES, JOHN MICHAEL  
Address: 3431 RIDERWOOD DR.  
City-St-Zip: DADE CITY, FL 33523

Title: TREA  
Name: SMITH, VICKIE  
Address: 3401 RIDERWOOD DR  
City-St-Zip: DADE CITY, FL 33523

Title: VP  
Name: LOUGHERY, TOM  
Address: 3361 RIVERDALE DR  
City-St-Zip: DADE CITY, FL 33523

Title: S  
Name: BOOTH, CATHERINE  
Address: 3391 RIVERDALE DR  
City-St-Zip: DADE CITY, FL 33523

Title: B  
Name: BOGOSTA, LYNN  
Address: 3506 RIVERDALE DR.  
City-St-Zip: DADE CITY, FL 33523

Title: B  
Name: VANBUREN, JOHN  
Address: 33115 JAMETTE RD  
City-St-Zip: DADE CITY, FL 33523

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: JOHN MICHAEL LYLES

P

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date