

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714459

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** THE RIO VISTA VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O D. ODELL  
237 RIO VISTA CIRCLE  
ATLANTIS, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

C/O D. ODELL  
237 RIO VISTA CIRCLE  
ATLANTIS, FL 33462

**New Mailing Address:**

**FEI Number:** 59-1726097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRCHEN, MAX  
213 RIO VISTA CIRCLE  
ATLANTIS, FL 33462 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: PD ( ) Delete  
Name: GRUBER, ROBERT  
Address: 261 RIO VISTA CIRCLE  
City-St-Zip: ATLANTIS, FL 33462

Title: TD ( ) Delete  
Name: ODELL, DONALD  
Address: 237 RIO VISTA CIRCLE  
City-St-Zip: ATLANTIS, FL 33462

Title: SD ( ) Delete  
Name: KING, ELLEN  
Address: 248 RIO VISTA CIRCLE  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: HAROLD, BARBARA J  
Address: 241 RIO VISTA CIRCLE  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: WILSON, GLENIE  
Address: 249 RIO VISTA CIRCLE  
City-St-Zip: ATLANTIS, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT GRUBER

PD

01/12/2009

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

\_\_\_\_\_  
Date