2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 714619

1. Entity Name

RIVER SHORE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2950 ST. JOHNS AVENUE #10 JACKSONVILLE FL 32205	2950 ST. JOHNS AVENUE #10 JACKSONVILLE FL 32205

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1234177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, MARTHA A. 2950 ST. JOHNS AVENUE JACKSONVILLE FL 32205	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ALLEN, MARTHA		NAME		
STREET ADDRESS	2950 ST JOHNS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ALLCORN, IV FRANK		NAME		
STREET ADDRESS	2950 ST JOHN'S AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	SEC	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HEYMAN, ANN		NAME		
STREET ADDRESS	2950 ST JOHNS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MORIARTY, CLAIRE		NAME		
STREET ADDRESS	2950 ST. JOHNS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	FENDER, MARTHA JO		NAME		
STREET ADDRESS	2950 ST JOHNS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

100003045650G
05/15/06-80031-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Martha A. Allen