2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# 714619

Entity Name: RIVER SHORE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

2950 ST. JOHNS AVENUE #10
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2950 ST. JOHNS AVENUE #10
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-1234177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, MARTHA A.
2950 ST. JOHNS AVENUE
JACKSONVILLE, FL 32205 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: PT ( ) Delete
Name: ALLEN, MARTHA,
Address: 2950 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: ALLCORN, IV FRANK
Address: 2950 ST JOHN'S AVE
City-St-Zip: JACKSONVILLE, FL

Title: SEC ( ) Delete
Name: ALLPORT, RICHARD
Address: 2850 ST. JOHNSAVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: MORIARTY, CLAIRE
Address: 2950 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: FENDER, MARTHA JO
Address: 2950 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ALLEN, MARTHA,
Address: 2950 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP (X) Change ( ) Addition
Name: WILLMAN, HARRIS
Address: 2950 ST JOHN'S AVE
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: D (X) Change ( ) Addition
Name: MORIARTY, CLAIRE
Address: 2950 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

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: RICHARD ALLPORT SEC 02/21/2009

Electronic Signature of Signing Officer or Director — Date