

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 035 ****61.25

DOCUMENT # 726161

1. Entity Name

RIVERHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

78 BOUNDARY BLVD.
0-500
ROTONDA WEST FL 33947

Mailing Address

78 BOUNDARY BLVD.
0-500
ROTONDA WEST FL 33947



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1542515

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

PERRY, HELEN
84 BOURDARY BLVD #124
ROTONDA WEST FL 33947

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, 2007

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TODD, WILLIAM	
STREET ADDRESS	78 BOUNDARY BLVD. #174	
CITY ST ZIP	ROTONDA WEST FL 33947	
TITLE	C	<input type="checkbox"/> Delete
NAME	STILES, PETER	
STREET ADDRESS	96 BOUNDARIES BLVD #119	
CITY ST ZIP	ROTONDA WEST FL 33947	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PERRY, HELEN	
STREET ADDRESS	96 BOUNDARY BLVD #124	
CITY ST ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACNELLI, LINDA	
STREET ADDRESS	12 MARKER ROAD	
CITY ST ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAUREEN, MALLORY	
STREET ADDRESS	13133 BATLIN AVE.	
CITY ST ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLOTZ, LOIS	
STREET ADDRESS	88 BOUNDARY BLVD., #148	
CITY ST ZIP	ROTONDA WEST FL 33947	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, PAMELA	
STREET ADDRESS	78 BOUNDARY BLVD. #177	
CITY ST ZIP	ROTONDA WEST, FL 33947	
TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENAMARA, RONALD	
STREET ADDRESS	72 BOUNDARY BLVD, #219	
CITY ST ZIP	ROTONDA WEST, FL 33947	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, DENNIS	
STREET ADDRESS	72 BOUNDARY BLVD, #205	
CITY ST ZIP	ROTONDA WEST, FL 33947	
TITLE	L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCIANO, BARBARA	
STREET ADDRESS	96 BOUNDARY BLVD, #123	
CITY ST ZIP	ROTONDA WEST, FL 33947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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.

SIGNATURE:

Helen Perry VC

4-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #