

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 023 ****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**

60035854



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1542515

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PETER GRANT**

Street Address (P.O. Box Number is Not Acceptable)

4410 WARREN AVE, #205

FORT CHARLOTTE, FL.

City

FL

Zip Code

33953

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)

4/26/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **S** ☐ Delete
NAME **MURPHY, PAMELA**
STREET ADDRESS **78 BOUNDARY BLVD #177**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **C** ☐ Delete
NAME **STILES, PETER**
STREET ADDRESS **46 BOUNDARIES BLVD #119**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **VC** ☐ Delete
NAME **PERRY, HELEN**
STREET ADDRESS **96 BOUNDARY BLVD #124**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☐ Delete
NAME **MCMAMARA, RONALD**
STREET ADDRESS **72 BOUNDARY BLVD #219**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☐ Delete
NAME **EVANS, DENNIS**
STREET ADDRESS **72 BOUNDARY BLVD #225**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☒ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D. JAMES HEALY**
STREET ADDRESS **78 BOUNDARY BLVD. #188**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.A.M.

4/26/08

Date

(941) 661-7286

Daytime Phone #