2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726917

Entity Name: RIVERBEND GOLF CLUB, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
9300 SE RI TEQUESTA		TTERRACE			
Current Mailing Address:			New Maili	New Mailing Address:	
9300 SE RI TEQUESTA		TTERRACE			
FEI Number:	64-0529210	FEI Number Applied For () FEI	Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Address of New Registered Agent:	
CORNETT, 401 E OSCI FIRST FL STUART, F	EOLA ST	S			
The above in the State		y submits this statement for the purpor	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electr	onic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MONTGOME	() Delete RY, RICHARD 8379 SE WOOD HAVEN LANE FL 33469	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KARP, HAZEN S 9205 SE DEERBERRY PL TEQUESTA, FL 33469	
Title: Name: Address: City-St-Zip:	HAWORTH, 7	9299 SE RIVERFRONT TERRACE	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition HAWORTH, THOMAS 8934 SE RIVERFRONT TERRACE TEQUESTA, FL 33496	
Title: Name: Address: City-St-Zip:	LECLAIR, RO	D E-18530 SE WOOD HAVEN LANE	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition DREW, HELEN STANWICK N-18400 SE WOOD HAVEN LN TEQUESTA, FL 33469	
Title:					
Name: Address: City-St-Zip:	JEHLE, ALF	A-9180 SE RIVERFRONT TERRACE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEARY, JOSEPH 18204 SE WOOD HAVEN LANE TEQUESTA, FL 33469	
Name: Address:	JEHLE, ALFF SEA ISLAND TEQUESTA, VD ROBERT, SC	RED A-9180 SE RIVERFRONT TERRACE FL 33469 () Delete CHIAVO ERFRONT TERRACE	Name: Address:	LEARY, JOSEPH 18204 SE WOOD HAVEN LANE	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HAZEN KARP PD 04/16/2007

DEBORAH, LONERGAN

TEQUESTA, FL 33469

FORSGATE B-9149 SE RIVERFRONT TERRACE

Name:

Address:

City-St-Zip: