

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90031 020 ****61.25

DOCUMENT # 734801					
1. Entity Name RIVERHAVEN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US			Mailing Address 5191 S SUNCOAST BLVD P.O. BOX 1219 HOMOSASSA SPRINGS, FL 34447 US		
2. Principal Place of Business - No P.O. Box # 11482 W. CLUBVIEW DR		3. Mailing Address 11482 W. CLUBVIEW DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMOSASSA, FL		City & State		4. FEI Number 75-2236923	
Zip 34448		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTON, CHARLES T 5191 S SUNCOAST BLVD HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11482 W. CLUBVIEW DR City FL Zip Code 34448		
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 <u>Charles T Walton (CHARLES T. WALTON)</u> DATE <u>4/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 S NAME CARMODY, JOHN STREET ADDRESS 11561 WEST TIMBERLANE DRIVE CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE PB NAME DIXON, MERI STREET ADDRESS 5111 S. MYSTIC PT. CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME JUNIOR, PAT STREET ADDRESS 5176 S. RIVERSIDE DR CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Delete		TITLE VD NAME JUNIOR, PAT STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME BARTH, LESLIE STREET ADDRESS 11950 W. WATERWAY DR CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete		TITLE S NAME DIXON, MERI STREET ADDRESS 5111 S. MYSTIC PT. CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HIGAVR, DOLORES D STREET ADDRESS 11950 W. WATERWAY DR CITY-ST-ZIP HOMOSASSA, FL 34448	<input type="checkbox"/> Delete		TITLE TD NAME ALVARES, DOLORES D. STREET ADDRESS 5248 S. SPYGLASS PT. CITY-ST-ZIP HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/1/08</u> 352- <small>Daytime Phone #</small>		