

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 735377</b>	
1. Entity Name RIVERVUE-LAGOON ASSOCIATION, INC.	



Principal Place of Business 138 PLACID DR FT. MYERS, FL 33919	Mailing Address 126 PLACID DR FT. MYERS, FL 33919
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1660386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  AMBURGEY, JOSEPH 138 PLACID DR FT. MYERS, FL 33919
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMBURGEY, JOSEPH 138 PLACID DR FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBURGEY, SUSAN 138 PLACID DR FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, VIRGINIA 126 PLACID DR FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, J. GARY 126 PLACID DR FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000368720  
05/31/05-80013-016 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Buck VIRGINIA BUCK 5-10-05 239-936-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #