

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739213

FILED
Mar 24, 2009
Secretary of State

Entity Name: RIVER WOODS PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3695 RIVER WOODS DR
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

3695 RIVER WOODS DR
FT. PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 65-0319757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKENS, THOMAS A
3695 RIVER WOODS DRIVE
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DICKENS, THOMAS A
Address: 3695 RIVER WOODS DR
City-St-Zip: FORT PIERCE, FL 34946 US

Title: DV () Delete
Name: BOYD, DALE
Address: 3790 SPINNAKER COURT
City-St-Zip: FORT PIERCE, FL 34946 US

Title: D () Delete
Name: GATES, DAVID S
Address: 419 ANCHOR WAY
City-St-Zip: FORT PIERCE, FL 34946 US

Title: DT () Delete
Name: BEN, HORTON
Address: 3660 RIVERWOODS DRIVE
City-St-Zip: FT PIERCE, FL 34946 US

Title: DS () Delete
Name: NEILL, LINDA
Address: 3626 RIVER WOODS DRIVE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: D () Delete
Name: JULES, MAGYAR
Address: 3755 SPINAKKER COURT
City-St-Zip: FT PIERCE, FL 34946 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: THOMAS A. DICKENS

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date