2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

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

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

Title: D
Name: JULES, MAGYAR
Address: 3755 SPINAKKER CT
City-St-Zip: FT PIERCE, FL 34946 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. DICKENS PRES 03/11/2010

Electronic Signature of Signing Officer or Director — Date