

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 014 ****61.25

DOCUMENT # 741466

1. Entity Name

RIVER SHORES EAST PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

536 SOLITAIRE PALM DR
P O BOX 03322
INDIALANTIC FL 32903

Mailing Address

P O BOX 033322
INDIALANTIC FL 32903

2. Principal Place of Business

525 Coconut Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 033322
Suite, Apt. #, etc.

City & State

Indialantic FL

City & State

Indialantic FL

Zip

32903

Country

Brevard

Zip

32903

Country

Brevard

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2932016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ROLAND
585 SPINDLE PALM DRIVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name Jayne Hoffman

Street Address (P.O. Box Number is Not Acceptable)

516 Latania Palm Dr

City Indialantic

FL

Zip Code

32903

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reconstituting)

3/4/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME VD
HUGHES, LONNIE
STREET ADDRESS 501 LATANIA PALM DR
CITY-ST-ZIP INDIANATLANTIC FL 32903

TITLE ☐ Delete

NAME PD
HOFFMAN, JAYNE
STREET ADDRESS 516 LATANIA PALM DR
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ Delete

NAME S
CHAMBERLAIN, BOB
STREET ADDRESS 544 SOLITAIRE PALM DR
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☒ Delete

NAME T
CALHOUN, LINDA
STREET ADDRESS 536 SOLITAIRE PALM DR.
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME S Kim Jafrete
STREET ADDRESS 560 Spindle Palm Dr
CITY-ST-ZIP Indialantic, FL 32903

TITLE ☒ Change ☐ Addition

NAME T Karlene Tuttle
STREET ADDRESS 525 Coconut Dr
CITY-ST-ZIP Indialantic FL 32903

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karlene Tuttle Karlene Tuttle 3/6/06 (321) 723-3391