

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 048 ****61.25

DOCUMENT # 743199

1. Entity Name

RIVERS EDGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

P O BOX 510462
MELBOURNE BEACH FL 32951

Mailing Address

P O BOX 510462
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2381003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISCIONE, JOHN
2300 S RIVER RD
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	CRAIN, KATHY	
STREET ADDRESS	353 ALBACORE PL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRISCIONE, JOHN	
STREET ADDRESS	2300 S RIVER RD	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	P	<input type="checkbox"/> Delete
NAME	NABERHAUS, ROBERT	
STREET ADDRESS	350 AMBERJACK-PL	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, GABE	
STREET ADDRESS	250 POMPANO DR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOBLE SUE	
STREET ADDRESS	330 MARLIN PLACE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOODY, DAVE	
STREET ADDRESS	303 MARLIN PLACE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL POMROY	
STREET ADDRESS	2325 SEA HORSE DR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERI DAUKSHUS	
STREET ADDRESS	2230 S. RIVER RD	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN AMADON	
STREET ADDRESS	323 ALBACORE PL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN CRISCIONE

4/11/05 724-5203