

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743199

FILED
Apr 16, 2009
Secretary of State

Entity Name: RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 510462
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

2300 SOUTH RIVER RD
MELBOURNE BEACH, FL 32951

Current Mailing Address:

P O BOX 510462
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-2381003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRISCIONE, JOHN
2300 S RIVER RD
MELBOURNE BEACH, FL 32951 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: D () Delete
Name: PATERNOSTER, JUDY
Address: 2245 SOUTH RIVER ROAD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: CRISCIONE, JOHN
Address: 2300 S RIVER RD
City-St-Zip: MELBOURNE BCH, FL 32951

Title: P () Delete
Name: POMROY, MICHAEL
Address: 2325 SEA HORSE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: SEIVERTH, RONALD
Address: 313 POMPANO DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: THRUSH, JACK
Address: 303 AMBERJACK RD
City-St-Zip: MELBOURNE BEACH, FL 32951

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

Title: VP () Change (X) Addition
Name: KIRWIN, WILLIAM
Address: 320 AMBERJACK RD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Change (X) Addition
Name: ROBINSON, GARY
Address: 340 AMBERJACK RD
City-St-Zip: MELBOURNE BEACH, FL 32951

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: JOHN CRISCIONE

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date