2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Secretary of State 03-10-2008 90048 049 ****61.25 -DOCUMENT # 744284 *RIVERGREEN VILLAS PROPERTY OWNERS' ASSOCIATION, INC. 400410. Principal Place of Business Mailing Address 1111 SE FED HWY STE 100 1402 LARKWOOD CIRCLE PORT ST LUCIE, FL 34952 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 56-2006337 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSS, DEBORAH L ROSS, EARLET + BONAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 759 S FEDERAL HWY, STE 212 STUART, FL 34994 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 aignsture required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. VPD TITLE elete TITLE ☐ Change NAME DOWNING, MERRILL KLOPFENSTEIN, MICHAEZ NAME 1453 RIVERGREEN CIRCLE PORT ST. LUCIE FL 3 STREET ADDRESS 1701 LN PRK CT STREET ADDRESS PORT SAINT LUCIE, FL 34952 CITY-ST-ZIP 34952 CITY-ST-ZIP $ho_{\mathcal{D}}$ TITLE **€**Qelete TITLE PAVONETTI, RIC MEYER, GRACE NAME NAME 1407 LARKWOOD CIRCLE STREET ADDRESS 1737 SE RYECROFT CT STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 CITY-ST-ZIP PORT ST. LUCIE. FL Addition TITLE Delete TITLE ☐ Channe SANCHEZ, ANITA GOTTS, ALMA NAME NAME 1402 SE LARKWOOD CIRCLE STREET ADDRESS STREET ADDRESS 34952 CITY-ST-ZIP -PORT SAINT LUCIE, FL 34952 CITY-ST-78P PORT ST. LUCIE- FL Change TITLE Delete TITLE FRELLSEN, MARILYN MARTIN, MARILYN MARKE NAME 1762 BACMORAL COURT 1466 SE LARKWOOD CIRCLE STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE - FL 34952 Change SD ☐ Delete TITLE ☐ Addition TITLE STEWART, JOHN NAME NAME STREET ADDRESS 1701 BALMORAL CT1 STREET ADDRESS PORT SAINT LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition MCMARTIN, JAMES FRELLSEN, RAY NAME NAME 1485 RNERGREEN CIRCLE 1762 BALMORAL CT STREET ADDRESS STREET ADDRESS PORT ST LUCIE, FL 34952 CITY-ST-ZIP PORT LUCIE -12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED Mar 10, 2008 8:00 am

Daytime Phone #

ATTACHMENT

(74428) 40041076

ADDITION

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OCHALER, TOM 1644 GAINSWOOD COURT PORT ST. LUCIE-FL 34952