

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744284

FILED
Feb 27, 2009
Secretary of State

Entity Name: RIVERGREEN VILLAS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1402 LARKWOOD CIRCLE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1111 SE FED HWY STE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 56-2006337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
ROSS, EARLET + BONAN, P.A.
759 S FEDERAL HWY, STE 212
STUART, FL 34994 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: VPD () Delete
Name: KLOPFENSTEIN, MICHAEL
Address: 1453 RIVERGREEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD () Delete
Name: MEYER, GRACE
Address: 1407 LARKWOOD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: SANCHEZ, ANITA
Address: 1717 LINPARK COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: FRELLSEN, MARILYN
Address: 1762 BACMORAL COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: STEWART, JOHN
Address: 1701 BALMORAL CT1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Delete
Name: MCMARTIN, JAMES
Address: 1485 RIVERGREEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: OCHALEK, THOMAS
Address: 1644 GAINSWOOD COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

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

Title: D (X) Change () Addition
Name: MCMARTIN, JAMES
Address: 1485 RIVERGREEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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: GRACE MEYER

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date