2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# 746297

Entity Name: RIVER PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5642 SE RIVERBOAT DRIVE
STUART, FL 34997

New Principal Place of Business:

6153 SE RIVERBOAT DRIVE
STUART, FL 34997

Current Mailing Address:

P.O. BOX 1376
PT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-1978219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAZI, LEIF
217 EAST OCEAN BLVD.
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: VP
Name: FAUST, WILLIAM
Address: 5642 SE RIVERBOAT DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: HOLCZER, LOIS
Address: 6171 SE RIVERBOAT DRIVE
City-St-Zip: STUART, FL 34997

Title: SD
Name: SANTAMAURO, SALLY
Address: 6052 SE RIVERBOAT DR
City-St-Zip: STUART, FL 34997

Title: PD
Name: CONNELLY, MARTIN
Address: 6153 SE RIVERBOAT DR
City-St-Zip: STUART, FL 34997

Title: TD
Name: HAMILTON, BRUCE
Address: 5973 SE RIVERBOAT DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: SYSTROM, DAVID
Address: 5868 SE RIVERBOAT DRIVE
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: MARTIN CONNELLY PD 02/23/2010

Electronic Signature of Signing Officer or Director Date