2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 747099

Entity Name: THE RIVER PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RIVERPLACE LANE AND SR13
JACKSONVILLE, FL 322600322

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600322
JACKSONVILLE, FL 322600322

New Mailing Address:

FEI Number: 59-2414983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGLISH, GARY K
289 ST JOHNS RIVER PLACE LANE
SWITZERLAND, FL 32259 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:	PD	( ) Delete
Name:	MAXSON, DOUG MR.	
Address:	292 ST JOHNS RIVER PL LANE	
City-St-Zip:	SWITZERLAND, FL 32259	
Title:	D	( ) Delete
Name:	RICHARDS, LARRY MR.	
Address:	232 ST JOHNS RIVER PL LANE	
City-St-Zip:	SWITZERLAND, FL 32259	
Title:	D	( ) Delete
Name:	WEAVER, DANNY MR.	
Address:	243 ST JOHNS RIVER PL LANE	
City-St-Zip:	SWITZERLAND, FL 32259	
Title:	VD	( ) Delete
Name:	PATRICK, PEGGY MRS	
Address:	266 ST JOHNS RIVER PLACE LANE	
City-St-Zip:	SWITZERLAND, FL 32259	
Title:	TSD	( ) Delete
Name:	INGLISH, GARY MR	
Address:	289 ST JOHNS RIVER PL LANE	
City-St-Zip:	SWITZERLAND, FL 32259	
Title:	D	( ) Delete
Name:	HOWARD, ARNER MR	
Address:	215 ST JOHNS RIVER PL LANE	
City-St-Zip:	SWITZERLAND, FL 32259	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GARY K. INGLISH TSD 04/26/2009
Electronic Signature of Signing Officer or Director — Date