

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 033 ****61.25

DOCUMENT # 748842

1. Entity Name

**RIVERBEND ACRES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**228 RIVERBEND ROAD
ORMOND BEACH FL 32174**

Mailing Address

**228 RIVERBEND ROAD
ORMOND BEACH FL 32174**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1567397

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIGGINS, KIM
228 RIVERBEND RD
ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 signature is not used when reinstating)

DATE

**FILE NOW. FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
COHEN, STEVEN
299 TYMBER CREEK RD
ORMOND BEACH FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
WIGGINS, KIM
228 RIVERBEND RD
ORMOND BEACH FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
DAVIS, LLOYD
228 TREELINE LANE
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Ella Wellman
229 Riverbend Rd
O.B FL 32174** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
DAVIS, LLOYD
228 TREELINE LANE
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Walter Lewis
226 Treeline Rd
O.B FL 32174** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
STONER, WADE
223 TREELINE LANE
ORMOND BEACH FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Kim Wiggins

3/21/08