

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748842

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

228 RIVERBEND ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

228 RIVERBEND ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-1567397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIGGINS, KIM  
228 RIVERBEND RD  
ORMOND BEACH, FL 32174 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: P ( ) Delete  
Name: COHEN, STEVEN  
Address: 299 TYMBER CREEK RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: WIGGINS, KIM  
Address: 228 RIVERBEND RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete  
Name: LUELLMAN, ELLA  
Address: 229 RIVERBEND RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete  
Name: LEWIS, WALTER  
Address: 226 TREELINE RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD ( ) Delete  
Name: STONER, WADE  
Address: 223 TREELINE LANE  
City-St-Zip: ORMOND BEACH, FL 32174

**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:

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: KIM WIGGINS

SEC

02/18/2009

Electronic Signature of Signing Officer or Director

Date