

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 19, 2012
Secretary of State

DOCUMENT# 749499

Entity Name: RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.**Current Principal Place of Business:**240 RIVERWOOD ROAD
NAPLES, FL 341143938 US**New Principal Place of Business:****Current Mailing Address:**240 RIVERWOOD ROAD
NAPLES, FL 341143938 US**New Mailing Address:****FEI Number:** 65-0484978**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, RA
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US

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: BYRON ROSS

04/19/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: SOVA, MICHELE
Address: 1794 BEVERLY DR
City-St-Zip: NAPLES, FL 34114

Title: VP
Name: LAUFFER, BONNIE
Address: 226 ROOKERY RD
City-St-Zip: NAPLES, FL 34114

Title: S
Name: LEVINGS, HOWARD SR
Address: 149 ROOKERY RD
City-St-Zip: NAPLES, FL 34114

Title: T
Name: HUFF, SHARON
Address: 211 RIVERWOOD RD
City-St-Zip: NAPLES, FL 34114

Title: D
Name: THOMAS, WAYNE
Address: 117 AUDUBON RD
City-St-Zip: NAPLES, FL 34114

Title: D
Name: TIMMONS, HOWARD
Address: 114 AUDUBON RD
City-St-Zip: NAPLES, FL 34114 US

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: BYRON L ROSS

MGR

04/19/2012

Electronic Signature of Signing Officer or Director_____
Date