

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751466

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE RIVER RIDGE HOME OWNERS ASSOCIATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

1200 US HIGHWAY ONE
SUITE E
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

1200 US HIGHWAY ONE
SUITE E
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0012585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, GOOGE & ASSOCIATES, P.A.
RYDZEWSKI, JR, ESQ., ROBERT G.
401 EAST OSCEOLA ST
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: SD () Delete
Name: SLINKMAN, LAURA
Address: 18257 SE RIDGEVIEW DR
City-St-Zip: TEQUESTA, FL 33469

Title: DP () Delete
Name: SCOVILLE, DONA
Address: 18257 SE RIDGEVIEW DR.
City-St-Zip: TEQUESTA, FL 33469

Title: DT () Delete
Name: EATON, VIVIAN
Address: 18257 SE RIDGEVIEW DR
City-St-Zip: TEQUESTA, FL 33469

Title: DVP () Delete
Name: PAPI, PAT
Address: 18257 SE RIDGEVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: MCLAIN, MICHAEL
Address: 18257 SE RIDGEVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: RYES, ADAM
Address: 18257 SE RIDGEVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33469

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: D (X) Change () Addition
Name: ROSICA, TOM
Address: 18257 SE RIDGEVIEW DRIVE
City-St-Zip: TEQUESTA, FL 33469

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: DONA SCOVILLE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date