



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 752428 1. Entity Name CIVIC ASSOCIATION OF RIO VISTA, INC.	
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Principal Place of Business C/O EARL PRIVETT POST OFFICE BOX 817 DUNNELLO, FL 34430	Mailing Address C/O EARL PRIVETT POST OFFICE BOX 817 DUNNELLO, FL 34430
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2324903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRIVETT, EARL 11060 186TH CIRCLE DUNNELLO, FL 34432	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REISEN, HARRY 10943 S. W. 189TH TERR DUNNELLO, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, EDWARD P. O. BOX 817 DUNNELLO, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIACIK, LYNDA 11035 SW 186TH CIRCLE DUNNELLO, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, MADELEINE PO BOX 817 DUNNELLO, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARACHINE, CARL 11260 SW 186 CIRCLE DUNNELLO, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAN 19830 SW 185 TERR DUNNELLO, FL 34432

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04/16/05-80018-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MADELEINE STEVENS, TREASURER
MADELEINE STEVENS, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-05 (352) 489-0754
Date Daytime Phone #