


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 752428</b>	
1. Entity Name CIVIC ASSOCIATION OF RIO VISTA, INC.	

Principal Place of Business P.O. BOX 817 DUNNELLON, FL 34430 US	Mailing Address P.O. BOX 817 DUNNELLON, FL 34430 US
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**DO NOT WRITE IN THIS SPACE**

04202007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  WISE, JOSEPHINE 3530 SOUTHWEST 183 TERRAC DUNNELLON, FL 34432	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISE, JOSEPHINE 3530 SOUTHWEST 183RD TERRACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, EDWARD P. O. BOX 817 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIACIK, LYNDA 11035 SW 186TH CIRCLE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, MADELEINE PO BOX 817 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, RICHARD 18735 SOUTHWEST 108TH STREET DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, GENE P.O. BOX 1793 DUNNELLON, FL 34430

U00000730475  
05/08/07-80083-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 R. STEVENS  
Madeleine R. Stevens, Treasurer - April 21, 2007 (352) 489-0754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #