

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 752428

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**



04122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2324903

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WISE, JOSEPHINE
3530 SOUTHWEST 183 TERRAC
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000904246
05/01/08-80005-007 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WISE, JOSEPHINE
STREET ADDRESS 3530 SOUTHWEST 183RD TERRACE
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE VD
NAME STEVENS, EDWARD
STREET ADDRESS P. O. BOX 817
CITY-ST-ZIP DUNNELLON, FL 34430

TITLE S
NAME DIACIK, LYNDA
STREET ADDRESS 11035 SW 186TH CIRCLE
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE T
NAME STEVENS, MADELEINE
STREET ADDRESS PO BOX 817
CITY-ST-ZIP DUNNELLON, FL 34430

TITLE D
NAME WISE, RICHARD
STREET ADDRESS 18735 SOUTHWEST 108TH STREET
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE D
NAME HORTON, GENE
STREET ADDRESS P.O. BOX 1793
CITY-ST-ZIP DUNNELLON, FL 34430

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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 Stevens* (**MADELEINE STEVENS**) 4-15-08 (352) 489-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #