


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753881</b> 1. Entity Name <b>RIEGEL'S LANDING ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1250 RIEGEL'S LANDING DRIVE SARASOTA FL 34242</b>	Mailing Address <b>1250 RIEGEL'S LANDING DRIVE SARASOTA FL 34242</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/07)

4. FEI Number <b>59-2257647</b>	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  <b>HERB, F. STEVEN 2070 RINGLING BLVD. SARASOTA FL 33577</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title in parentheses. (NOTE: Registered Agent signature and title when required)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete <b>KAYE, DOUGLAS</b> STREET ADDRESS <b>1257 RIEGEL'S LANDING DRIVE</b> CITY-ST-ZIP <b>SARASOTA FL</b>
TITLE	SD <input type="checkbox"/> Delete <b>GIBSON, RAYMOND</b> STREET ADDRESS <b>1253 RIEGELS LANDING DRIVE</b> CITY-ST-ZIP <b>SARASOTA FL</b>
TITLE	D <input type="checkbox"/> Delete <b>DRAKE, CHRIS</b> STREET ADDRESS <b>5821 RIEGELS HARBOR BLVD</b> CITY-ST-ZIP <b>SARASOTA FL</b>
TITLE	DT <input type="checkbox"/> Delete <b>OLSON, GARY</b> STREET ADDRESS <b>5721 RIEGEL'S POINT ROAD</b> CITY-ST-ZIP <b>SARASOTA FL 34232</b>
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000813283</b> <b>02/12/08-80081-024 61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *G. A. Moore*      TREASURER      2/1/08      941 346 0378