

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753881

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** RIEGEL'S LANDING ASSOCIATION, INC.

**Current Principal Place of Business:**

1250 RIEGEL'S LANDING DRIVE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

1250 RIEGEL'S LANDING DRIVE  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 59-2257647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERB, F. STEVEN  
2070 RINGLING BLVD.  
SARASOTA, FL 33577 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: PD ( ) Delete  
Name: KAYE, DOUGLAS  
Address: 1257 RIEGEL'S LANDING DRIVE  
City-St-Zip: SARASOTA, FL

Title: SD ( ) Delete  
Name: GIBSON, RAYMOND  
Address: 1253 RIEGELS LANDING DRIVE  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: DRAKE, CHRIS  
Address: 5821 RIEGELS HARBOR BLVD  
City-St-Zip: SARASOTA, FL

Title: DT ( ) Delete  
Name: OLSON, GARY  
Address: 5721 RIEGEL'S POINT ROAD  
City-St-Zip: SARASOTA, FL 34232

**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:

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: GARY A. OLSON

TRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date