


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90100 003 \*\*\*\*61.25

**DOCUMENT # 754311**  
1. Entity Name  
**RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
49 SUNSET DRIVE SEBASTIAN FL 32958 US  
49 SUNSET DRIVE SEBASTIAN FL 32958 US

00050298



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2966850** Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**TOMOSER, EDYTHE**  
**27 SUNSET DRIVE**  
**SEBASTIAN FL 32958**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMOSER, EDYTHE	
STREET ADDRESS	27 SUNSET DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRY, MAGGIE	
STREET ADDRESS	47 SUNSET DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32959	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, DARLENE	
STREET ADDRESS	49 SUNSET DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Althea M. Cooper	
STREET ADDRESS	8 Sunset Dr.	
CITY-ST-ZIP	Sebastian FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Althea M. Cooper Althea M. Cooper 4/30/05 772-913-4586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #