


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 754311

1. Entity Name
RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

8 SUNSET DRIVE **8 SUNSET DRIVE**
SEBASTIAN, FL 32958 US **SEBASTIAN, FL 32958 US**



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2966850 Applied For
 Not Applicable

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMOSER, EDYTHE 27 SUNSET DR. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAX, CHRISTINE 31 SUNSET DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, ALTHEA M 8 SUNSET DRIVE SEBASTIAN, FL 32958
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 02/12/08-80079-011 61.25

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: Edythe M. Tomoser 1-31-08 772-589-6190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #