

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758870

FILED
Mar 02, 2009
Secretary of State

Entity Name: RIVER WATCH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POB 6088
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

89 AQUA RA DR
JENSEN BEACH, FL 34957 US

Current Mailing Address:

POB 6088
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 59-3501610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAZI, LEIF ESQ
217 EAST OCEAN BLVD
STUART, FL 33494 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: MOCKUS, FRANK
Address: 89 AQUA RA DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: BEAN, MARY Z
Address: 27 AQUA RD DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: VD () Delete
Name: BRANN, ROBERT
Address: 107 AQUA RA DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD () Delete
Name: DAVIS, NANCY
Address: 63 AQUA RD DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD () Delete
Name: DAVIS, NANCY
Address: 63 AQUA RD DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: GAYDOS, CHERYL
Address: 103 AQUA RD DR
City-St-Zip: JENSEN BEACH, FL 34957

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
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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: FRANK MOCKUS

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date