

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90061 001 ****61.25
03-06-2008 90061 002 *****8.75

DOCUMENT # 758986

1. Entity Name
RIVERS EDGE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**10 OUTLET DR
LAKE PANASOFFKEE, FL 33538 US**

Mailing Address
**10 OUTLET DR
LAKE PANASOFFKEE, FL 33538 US**

bbuu4317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1326642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACE, MARK
21 CANAL COURT
LAKE PANASOFFKEE, FL 33538**

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 *Mark Fallace*

Signature, typed or printed name of registered agent and title if applicable.

(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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FALLACE, MARK	
STREET ADDRESS	21 CANAL COURT	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, YVONNE	
STREET ADDRESS	51 OUTLET DR.	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAILEY, ORDELLA	
STREET ADDRESS	44 CANAL COURT	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KIRBY, JERRE	
STREET ADDRESS	53 OUTLET DRIVE	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nora Hanzel	
STREET ADDRESS	34 Canal Ct	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
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 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: *Ordeella Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08

Date

352-569-0355

Daytime Phone #