

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758986

FILED
Jan 31, 2009
Secretary of State

Entity Name: RIVERS EDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10 OUTLET DR
LAKE PANASOFFKEE, FL 33538 US

New Principal Place of Business:

Current Mailing Address:

10 OUTLET DR
LAKE PANASOFFKEE, FL 33538 US

New Mailing Address:

FEI Number: 59-1326642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLACE, MARK
21 CANAL COURT
LAKE PANASOFFKEE, FL 33538 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: FALLACE, MARK
Address: 21 CANAL COURT
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD () Delete
Name: HANZEL, NORA
Address: 34 CANAL CT
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: TD () Delete
Name: BAILEY, ORDELLA
Address: 44 CANAL COURT
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: DVP () Delete
Name: KIRBY, JERRE
Address: 53 OUTLET DRIVE
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: MARK FALLACE

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date