


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 006 ****61.25

DOCUMENT # 765450 1. Entity Name RIVERHAVEN VILLAGE COMMUNITY CLUB, INC.					
Principal Place of Business 11450 W RIVERHAVEN DR HOMOSASSA, FL 32646				Mailing Address 11450 W RIVERHAVEN DR HOMOSASSA, FL 32646	
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	4. FEI Number 59-2348407	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTON, CHARLES T 5191 S SUNCOAST BLVD HOMOSASSA, FL 34448			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 <u>CHARLES T. WALTON</u> <i>Charles T Walton</i> <u>2/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DARR, ROBERT <input checked="" type="checkbox"/> Delete 5135 S. RUNNINGBROOK DR HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, LYNN <input type="checkbox"/> Change <input type="checkbox"/> Addition 11910 W. RIVERHAVEN DR HOMOSASSA, FL 34448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MARTHA <input checked="" type="checkbox"/> Delete 11569 W. RIVER HAVEN DR HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMINO, TONY <input type="checkbox"/> Change <input type="checkbox"/> Addition 11796 W. VALLEY SPRING LANE HOMOSASSA, FL 34448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, LYNN <input checked="" type="checkbox"/> Delete 11910 W. RIVERHAVEN DR HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAHONEY, NANCY <input type="checkbox"/> Change <input type="checkbox"/> Addition 11687 W. RIVERHAVEN DR HOMOSASSA, FL 34448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARMODY, JOHN <input type="checkbox"/> Delete 11551 N. TIMBERLANE DR HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CULVER, RONALD <input checked="" type="checkbox"/> Delete 11461 W. RIVER HAVEN DR HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John R. Carmody</i> JOHN R. CARMODY TREASURER			02/19/2007 352-628-4205 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					