2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765450

FILED Mar 28, 2009 Secretary of State

Entity Name: RIVERHAVEN VILLAGE COMMUNITY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

11450 W RIVERHAVEN DR HOMOSASSA, FL 32646

Current Mailing Address: New Mailing Address:

11450 W RIVERHAVEN DR HOMOSASSA, FL 32646

FEI Number: 59-2348407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTON, CHARLES T 11482 W CLUBVIEW DR HOMOSASSA, FL 34448

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:

Flateria Circular FD video I Arrel

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VD () Delete Title: PD (X) Change () Addition E: DIMINO, TONY Name: DIMINO, TONY

Name: DIMINO, TONY Name: DIMINO, TONY
Address: 11796 W. VALLEYSPRING LANE Address: 11796 W. VALLEYSPRING LANE

City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: HOMOSASSA, FL 34448

Title: SD () Delete Title: SD (X) Change () Addition Name: MAHONEY, NANCY Name: WOODHEAD, VICKI

Address: 11687 W. RIVERHAVEN DR Address: 11510 W. CLUBVIEW DR
City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: HOMOSASSA, FL 34448

Title: TD () Delete Title: VD (X) Change () Addition

 Name:
 CARMODY, JOHN
 Name:
 CARMODY, JOHN

 Address:
 11551 N. TIMBERLANE DR
 Address:
 11551 N. TIMBERLANE DR

 City-St-Zip:
 HOMOSASSA, FL 34448
 City-St-Zip:
 HOMOSASSA, FL 34448

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 SMITH, THOMAS R
 Name:
 STEDMAN, JEAN

 Address:
 11654 W WATERWAY DR
 Address:
 11692 W WATERWAY DR

 City-St-Zip:
 HOMOSASSA, FL 34448
 City-St-Zip:
 HOMOSASSA, FL 34448

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: JEAN STEDMAN TD 03/28/2009