

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 767904

1. Entity Name
RIVERVIEW CENTER ASSOCIATION, INC.



Principal Place of Business

1200 1ST AVE W
SUITE 200
BRADENTON, FL 34205

Mailing Address

1200 1ST AVE W
SUITE 200
BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2297322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, HUGH D
1200 1ST AVE W
STE. 200
BRADENTON, FL 34205

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IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, C. DONALD JR.
STREET ADDRESS	1600 1ST AVE W UNIT 502
CITY- ST- ZIP	BRADENTON, FL
TITLE	D
NAME	DETRICH, DAVID K.
STREET ADDRESS	1001 3RD AVE., W., #250
CITY- ST- ZIP	BRADENTON, FL
TITLE	VSD
NAME	MILLER, HUGH D.
STREET ADDRESS	1200 1ST AVE W STE 200
CITY- ST- ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000835448
04/18/08-80014-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

941-748-3423

Daytime Phone #