2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770690

FILED Jan 15, 2009 Secretary of State

Entity Name: RIVER GARDENS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
	WATER DR. _A, FL 32514	US		3406 RIVER PENSACOL				
Current Mailing Address:				New Mailing Address:				
	WATER DR. _A, FL 32514	US		3406 RIVER PENSACOL				
FEI Number:	59-2439917	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of	New Register	red Agent:	
PERRIGO, 3519 BAYW PENSACOI		US		JONES, GE 3406 RIVER PENSACOL	R GARENS			
The above in the State		bmits this statement for the pur	pose of	changing its	s registered	office or regist	tered agent, or bot	h,
SIGNATUR	E: GERALD B	. JONES				01/15	/2009	
	Electronic	Signature of Registered Agent				Date)	_
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () D DAVIS, IRENE 3453 RIVER GAR PENSACOLA, FL			Title: Name: Address: City-St-Zip:	(() Change () Ad	ldition	
Title: Name: Address: City-St-Zip:	DT () D PERRIGO, CRAIG 3519 BAYWATER PENSACOLA, FL	RDR		Title: Name: Address: City-St-Zip:	JONES, GER	GARDENS CIRCL		
Title: Name: Address: City-St-Zip:	DP () D LOVOY, JOE 66 CRABAPPLE I PENSACOLA, FL			Title: Name: Address: City-St-Zip:	(() Change () Ad	ldition	
Title: Name: Address: City-St-Zip:	DS () C SPAHR, GLENDA 3413 APPLEGAT PENSACOLA, FL	E		Title: Name: Address: City-St-Zip:	DS (HENRY, TER 3414 APPLE PENSACOLA	GATE	ddition	
Title: Name: Address: City-St-Zip:	D () C ORTEGA, LOREN 3489 RIVER GAR PENSACOLA, FL	DENS CR.		Title: Name: Address: City-St-Zip:	BALINK-WHI	GARDENS CIRCL		
Title: Name: Address: City-St-Zip:	D () C ANGSTADT, SUZ. 80 CRABAPPLE I PENSACOLA, FL	_ANE		Title: Name: Address: City-St-Zip:	(() Change () Ad	ldition	

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: GERALD B. JONES DT 01/15/2009