

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770982

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: RIVER BLUFF HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 530067  
DEBARY, FL 32753 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530067  
DEBARY, FL 32753 US

**New Mailing Address:**

FEI Number: 59-2370536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FANSHER, JANET  
425 FOX RUN  
DEBARY, FL 32713 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: D ( ) Delete  
Name: THOMAS, JIM  
Address: 368 RIVERBLUFF CIR  
City-St-Zip: DEBARY, FL 00000, FL 32713

Title: D ( ) Delete  
Name: FASHER, JANET  
Address: 425 FOX RUN  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: CUMBERLEDGE, TERRY  
Address: 24 RIVER BLUFF TRAIL  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: ERNDL, JAY  
Address: 74 RIVER BLUFF TRL  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: WHITE, GREG  
Address: 67 RIVERBLUFF TRAIL  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: FLETCHER, NINETTE  
Address: 380 RIVERBLUFF CIRCLE  
City-St-Zip: DEBARY, FL 32713

**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:

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: JANET FANSHER

Electronic Signature of Signing Officer or Director

TREA

04/24/2006

Date