

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770982

FILED
Apr 29, 2007
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:

425 FOX RUN
DEBARY, FL 32713 US

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: D (X) Change () Addition
Name: MCCRANIE, NINETTE
Address: 380 RIVERBLUFF CIRCLE
City-St-Zip: DEBARY, FL 32713

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

TRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date