

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 770982

1. Entity Name
RIVER BLUFF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**425 FOX RUN
DEBARY, FL 32713 US**

Mailing Address

**PO BOX 530067
DEBARY, FL 32753 US**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2370536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FANSHER, JANET
425 FOX RUN
DEBARY, FL 32713**

**DO NOT WRITE
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 Janet Fansher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/08

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 **THOMAS, JIM**
STREET ADDRESS **368 RIVERBLUFF CIR**
CITY-ST-ZIP **DEBARY, FL 00000, FL 32713**

TITLE **D**
NAME **FASHER, JANET**
STREET ADDRESS **425 FOX RUN**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D**
NAME **CUMBERLEDGE, TERRY**
STREET ADDRESS **24 RIVER BLUFF TRAIL**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D**
NAME **ERNDL, JAY**
STREET ADDRESS **74 RIVER BLUFF TRL**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D**
NAME **WHITE, GREG**
STREET ADDRESS **67 RIVERBLUFF TRAIL**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D**
NAME **MCCRANIE, NINETTE**
STREET ADDRESS **380 RIVERBLUFF CIRCLE**
CITY-ST-ZIP **DEBARY, FL 32713**

**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:

Janet Fansher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

386-668-4025

Daytime Phone #