


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90061 027 ***150.00

DOCUMENT # F08268 1. Entity Name RIVER FOREST VILLAGE, INC.					
Principal Place of Business 4300 RIVERSIDE DRIVE PUNTA GORDA, FL 33982-1718			Mailing Address 4300 RIVERSIDE DRIVE PUNTA GORDA, FL 33982-1718		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2089420	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMLIN, O.D. 4300 RIVERSIDE DR 37 PUNTA GORDA, FL 33982			7. Name and Address of New Registered Agent Name Fred Vondran Street Address (P.O. Box Number is Not Acceptable) 4300 Riverside Dr., #185 City Punta Gorda FL Zip Code 33982		
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 Fred Vondran, Pres. <i>Fred Vondran</i> 2-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLIN, O.D. 4300 RIVERSIDE DR 37 PUNTA GORDA, FL 33982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Fred Vondran 4300 Riverside Dr., #185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEDBERG, ANNIE 4300 RIVERSIDE 179 PUNTA GORDA, FL 33982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Punta Gorda, FL 33982 <input type="checkbox"/> Change <input type="checkbox"/> Addition VP Donna Groya 4300 Riverside Dr., #89 Punta Gorda, FL 33982 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RADEL, PAT 4300 RIVERSIDE DR #196 PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZOBREST, GEORGE 4300 RIVERSIDE DR PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: George J. Zobrest <i>George J. Zobrest</i> 2/23/07 941 639 3311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #</small>					