

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90044 044 \*\*\*\*61.25

**DOCUMENT # N00000000606**

1. Entity Name  
**RIO PINAR WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8166 JELLISON ST  
ORLANDO, FL 32825**

Mailing Address  
**8166 JELLISON ST  
ORLANDO, FL 32825**



03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	DELOY, DEE
STREET ADDRESS	8166 JELLISON ST
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	VD
NAME	FOURNIER, GEORGE
STREET ADDRESS	8179 JELLISON ST
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	SD
NAME	ANDERS, GAYLE
STREET ADDRESS	8183 FRAIM CT
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	T
NAME	BICKERT, JOSEPH
STREET ADDRESS	8227 IMBER ST
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEE DELOY**

**4/20/08**

**407-273-8365**

Date

Daytime Phone #