


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 003 \*\*\*\*61.25

<b>DOCUMENT # N00000001924</b>					
<b>1. Entity Name</b> RIVER HILLS RESERVE OWNERS SUB-ASSOCIATION, INC.					
<b>Principal Place of Business</b> RIVER HILLS RESERVES HOA ORANGE PARK, FL 32003			<b>Mailing Address</b> C/O 475 W. TOWN PL SUITE 100 SAINT AUGUSTINE, FL 32092-3649		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1020010	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TRENT, SEVERN 475 WEST TOWN PLACE SUITE 100 SAINT AUGUSTINE, FL 32092			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> V <b>NAME</b> HAMILTON, WILLIAM <b>STREET ADDRESS</b> 1730 RIVER HILLS DR <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T and S <b>NAME</b> Tony Langone <b>STREET ADDRESS</b> 1976 Hickory Trace Dr. <b>CITY-ST-ZIP</b> Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEDBETTER, WAYNE <b>STREET ADDRESS</b> 1721 RIVER HILLS DR <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> John Raftery - VP <b>NAME</b> 1744 River Hills Dr <b>STREET ADDRESS</b> Orange Park, FL 32003 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> HUFFMAN, CLARK <b>STREET ADDRESS</b> 1938 HICKORY TRACE DRIVE <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		<b>TITLE</b> Mike Cella - D <b>NAME</b> 910 Hickory Trace Dr. <b>STREET ADDRESS</b> Orange Park, FL 32003 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> NECK, MARGARET <b>STREET ADDRESS</b> 1988 HICKORY TRACE LANE <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COYLE, CHRIS <b>STREET ADDRESS</b> 1886 HICKORY TRACE DRIVE <b>CITY-ST-ZIP</b> ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Clark A. Huffman</u> <u>CLARK A. HUFFMAN</u> <u>1MAY08</u> <u>278-6553</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					