


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90032 037 \*\*\*\*61.25

<b>DOCUMENT # N00000002225</b>					
<b>1. Entity Name</b> RIVER'S EDGE HOMEOWNER'S ASSOCIATION OF APALACHICOLA, INC.					
<b>Principal Place of Business</b> P.O. BOX 223 APALACHICOLA, FL 32329-0223			<b>Mailing Address</b> P.O. BOX 223 APALACHICOLA, FL 32329-0223		
<b>2. Principal Place of Business</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> NOT APPLICABLE	
<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>  POLORONIS, V. WILLIAM 169 22ND AVE. APALACHICOLA, FL 32329			<b>7. Name and Address of New Registered Agent</b> Name <u>POLORONIS, V. WILLIAM</u> Street Address (P.O. Box Number is Not Acceptable) <u>119 WATER OAKS WAY</u> City <u>APALACHICOLA</u> FL <u>32320</u>		
<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 <u>[Signature]</u> <span style="float: right;">1/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLORONIS, V. WILLIAM P.O. BOX 223 APALACHICOLA, FL 323290223	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POLORONIS, MONICA S P.O. BOX 223 APALACHICOLA, FL 323290223	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLORONIS, PETE P.O. BOX 552 APALACHICOLA, FL 323290223	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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 exemption stated in Section 119.07(3)(i), 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 or other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <span style="float: right;">1/26/05 850-653-8167</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					