

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000002225

1. Entity Name
RIVER'S EDGE HOMEOWNER'S ASSOCIATION OF
APALACHICOLA, INC.



FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90180 025 ****61.25

Principal Place of Business
P.O. BOX 223
APALACHICOLA, FL 32329-0223

Mailing Address
P.O. BOX 223
APALACHICOLA, FL 32329-0223



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLORONIS, V. WILLIAM
119 WATER OAKS WAY
APALACHICOLA, FL 32320

**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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POLORONIS, V. WILLIAM
STREET ADDRESS P.O. BOX 223
CITY-ST-ZIP APALACHICOLA, FL 323290223

TITLE STD
NAME POLORONIS, MONICA S
STREET ADDRESS P.O. BOX 223
CITY-ST-ZIP APALACHICOLA, FL 323290223

TITLE D
NAME POLORONIS, PETE
STREET ADDRESS P.O. BOX 552
CITY-ST-ZIP APALACHICOLA, FL 323290223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/15/06 850 653-8167