

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90178 046 ****61.25

DOCUMENT # N00000002225

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



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

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

40001000



03262007 No Chg-NP CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POLORONIS, PETE
P.O. BOX 552
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: *V. William Polaronis* **V. William Polaronis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 **4/16/07**

Date

850-653-8167 **850-653-8167**

Daytime Phone #