## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

## **Secretary of State** DOCUMENT # N00000002640 02-20-2008 90009 021 \*\*\*\*61.25 RIVERWOOD BEACH CLUB, INC. Principal Place of Business Mailing Address 9005810r 5801 PELICAN BAY BLVD. 9180 GALLERIA CT SUITE 600 SUITE 600 NAPLES, FL 34108 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3639913 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CENTEX REAL ESTATE CORPORATION 5801 PELICAN BAY BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 600 NAPLES, FL 34108 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE D/VP Change ☐ Addition PARHAM, JON NAME NAME 5801 PELICAN BAY BLVD., SUITE 600 STREET ADDRESS STREET ADORESS NAPLES, FL 34108 CITY-ST-ZIE CITY - ST - ZIP ☐ Delete P+ D ☐ Change X Addition LIVAG, MOTZIL NAME NAME 5801 PELICAN BAY BLUD. SVITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P NAPLES FL Addition ☐ Delete Change TITLE TITLE S/T- D NAME NAME CARTER, JASON PELICAN BAY BLUD, SUITE 600 ES FL 3 4108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

des

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 20, 2008 8:00 am

1/24/08 239-449-1064

PRES