

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005805

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: RIVENDELL HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

3026 S.W. 41ST LANE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3026 S.W. 41ST LANE  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 59-3250872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASHLOCK, GARY  
3068 SW 41ST LANE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOYER, JAMES R  
Address: 3051 SW 41 PLACE  
City-St-Zip: Ocala, FL 34474

Title: TD ( ) Delete  
Name: MOYER, MARYGRACE  
Address: 3051 SW 41 PLACE  
City-St-Zip: Ocala, FL 34474

Title: SD ( ) Delete  
Name: YOUNG, SHEILA  
Address: 2932 SW 41ST PLACE.  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: ASHLOCK, GARY  
Address: 3068 SW 41ST LANE  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYGRACE MOYER

TREA

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date