2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005805

Address:

City-St-Zip:

4123 SW 30 COURT

OCALA, FL 34474

FILED Mar 23, 2009 Secretary of State

Entity Name: RIVENDELL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3026 S.W. 41ST LANE OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** 3026 S.W. 41ST LANE OCALA, FL 34474 FEI Number: 59-3250872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHLOCK, GARY MOYER, MARYGRACE 3068 SW 41ST LANE 3051 SW 41 PLACE OCALA, FL 34474 OCALA, FL 34474 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: MARYGRACE MOYER 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOYER, JAMES R Name: Name: 3051 SW 41 PLACE Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition MOYER, MARYGRACE Name: BICE, JEAN Name: Address: 3051 SW 41 PLACE Address: 4123 SW 30 COURT City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474 Title: () Delete Title: () Change () Addition YOUNG, SHEILA Name: Name: 2932 SW 41ST PLACE. Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: BICE, JEAN Name: WELLBROCK, CHERI

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

3039 SW 41 PLACE

OCALA, FL 34474

SIGNATURE: JAMES R MOYER PD 03/23/2009