


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State


02-23-2007 90031 011 ****61.25

DOCUMENT # N01000006760	
1. Entity Name THE RESERVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 5801 PELICAN BAY BL STE 600 NAPLES, FL 34108	Mailing Address 5801 PELICAN BAY BL STE 600 NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60018766



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3744181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
POWERS, WALTER 14253 RESERVE CT. PORT CHARLOTTE, FL 33953	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 Walter Powers DATE 2/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, HALLIE 14253 RESERVE CT PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRISTOFINSKI, MARGE 14298 RESERVE CT. PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRISTOFINSKI, MARGA (correct spelling) ADDRESS THE SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWERS, WALT 14253 RESERVE CT PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD POWERS, WALT 14253 RESERVE CT. PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAWDY, MICHAEL REX 14274 RESERVE COURT PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOREY, FRANK 14318 RESERVE CT. PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD JOANNE MARTIN 14311 RESERVE CT. PORT CHARLOTTE, FL 33953

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: Hallie Powers **HALLIE POWERS** 2/12/07 941-624-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #