2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006760

FILED Jan 25, 2008 Secretary of State

Entity Name: THE RESERVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC.

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Current Principal Place of Business:				New Principal Place of Business:			
5801 PELICAN BAY BL STE 600 NAPLES, FL 34108				14253 RESERVE COURT PORT CHARLOTTE, FL 33953			
Current Mailing Address:				New Mailing Address:			
5801 PELICAN BAY BL STE 600 NAPLES, FL 34108				14253 RESERVE COURT PORT CHARLOTTE, FL 33953			
FEI Number:	59-3744181	FEI Number Applied For () FEI Nun	nber Not Appli	cable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
POWERS, 14253 RES PORT CHA			POWERS, WALTER J JR. 14253 RESERVE CT. PORT CHARLOTTE, FL 33953 US				
The above in the State		ubmits this statement for	the purpose o	of changing it	s registered o	ffice or re	egistered agent, or both,
SIGNATURE: WALTER J. POWERS, JR.				01/25/2008			
	Electroni	ic Signature of Registered	d Agent				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () POWERS, HALL 14253 RESERV PORT CHARLO	E CT		Title: Name: Address: City-St-Zip:	()	Change() Addition
Title: Name: Address: City-St-Zip:	VPD () KRISTOFINSKI, 14298 RESERV PORT CHARLO	E CT.		Title: Name: Address: City-St-Zip:	()	Change() Addition
Title: Name: Address: City-St-Zip:	SD () POWERS, WAL 14253 RESERV PORT CHARLO	E CT		Title: Name: Address: City-St-Zip:	TD (X) POWERS, WAI 14253 RESERV PORT CHARLO	TER J JR E CT	
Title: Name: Address: City-St-Zip:	TD () SAWDY, MICHA 14274 RESERV PORT CHARLO	E COURT		Title: Name: Address: City-St-Zip:	SD (X) MARTIN, JOANI 14311 RESERV PORT CHARLO	NE /E COURT) Addition
Title: Name: Address: City-St-Zip:	D () SHOREY, FRAN 14318 RESERV PORT CHARLO	E CT.		Title: Name: Address: City-St-Zip:	()	Change () Addition

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.

SIGNATURE: WALTER J. POWERS, JR. TD 01/25/2008