2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N01000006760

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

Current Principal Place of Business:

14253 RESERVE COURT
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

14253 RESERVE COURT
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-3744181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, WALTER J JR.
14253 RESERVE CT.
PORT CHARLOTTE, FL 33953 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: POWERS, HALLIE
Address: 14253 RESERVE CT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VPD ( ) Delete
Name: KRISTOFINSKI, MARGE
Address: 14298 RESERVE CT.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: TD ( ) Delete
Name: POWERS, WALTER J JR
Address: 14253 RESERVE CT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: SD ( ) Delete
Name: MARTIN, JOANNE
Address: 14311 RESERVE COURT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D (X) Delete
Name: SHOREY, FRANK
Address: 14318 RESERVE CT.
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORLEY, ALAN
Address: 14282 RESERVE CT
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: SD (X) Change ( ) Addition
Name: KRISTOFINSKI, MARGE
Address: 14298 RESERVE CT.
City-St-Zip: PORT CHARLOTTE, FL 33953

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

Title: D (X) Change ( ) Addition
Name: BUCCOLA, MARILYN
Address: 14306 RESERVE COURT
City-St-Zip: PORT CHARLOTTE, FL 33953

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

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 02/25/2009
Electronic Signature of Signing Officer or Director — Date