


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 037 \*\*\*\*61.25

|  |   |   |   |   |                                |
|--|---|---|---|---|--------------------------------|
| <b>DOCUMENT # N01677</b><br>1. Entity Name<br><b>RIVERBEND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>  |   |   |   |    |                                |
| Principal Place of Business<br><b>14180 RIVER RD UNIT 9<br/>PENSACOLA, FL 32507</b>  |   |   | Mailing Address<br><b>14180 RIVER RD UNIT 9<br/>PENSACOLA, FL 32507</b> |   |                                |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |                                |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |                                |
| City & State   |   | City & State  |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |                                |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>PETRIE, GREG DR<br/>14180 RIVER RD.<br/>UNIT 2<br/>PENSACOLA, FL 32507</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |                                |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                                |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |   |                                |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>            |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D.<br>WALTERS, JOHN D<br>611 TURKEY CREEK RD<br>MATHEWS, AL 36052 <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BECK, GREG<br>386 CITATION DRIVE<br>PENSACOLA, FL 32533 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | D<br>Reggie Kelly<br>14180 River Road Unit # 11<br>Pensacola, Florida 32507 <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PETRIE, GREG, DR.<br>UNIT 2 1410 RIVER RD.<br>PENSACOLA, FL <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>STORY, CHARLES<br>116 MALIBU CIRCLE<br>DAPHNE, AL 36526 <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BOLIN, MIKE<br>4300 BAYOU BLVD., STE. 37<br>PENSACOLA, FL 32503 <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                |
| 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. |   |   |   |   |                                |
| <b>SIGNATURE:</b> <u>Charles Story</u> <b>Secretary/Treasurer</b>  |   |   | 6/6/06  |   | 251 454 6285                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date</small>   |   | <small>Daytime Phone #</small> |

**50021164**



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