

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01677

FILED
May 10, 2009
Secretary of State

Entity Name: RIVERBEND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 MALIBU CIRCLE
DAPHNE, AL 36526 US

New Principal Place of Business:

Current Mailing Address:

116 MALIBU CIRCLE
DAPHNE, AL 36526 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETRIE, GREG DR
14180 RIVER RD.
UNIT 2
PENSACOLA, FL 32507 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: D () Delete
Name: WALTERS, JOHN
Address: 611 TURKEY CREEK RD
City-St-Zip: MATHEWS, AL 36052

Title: D () Delete
Name: KELLY, REGGIE
Address: 14180 RIVER ROAD UNIT 11
City-St-Zip: PENSACOLA, FL 32507

Title: PD () Delete
Name: PETRIE, GREG DR
Address: 14180 RIVER ROAD UNIT 2
City-St-Zip: PENSACOLA, FL 32507

Title: STD () Delete
Name: STORY, CHARLES
Address: 116 MALIBU CIRCLE
City-St-Zip: DAPHNE, AL 36526

Title: VD () Delete
Name: BOLIN, MIKE
Address: 10019 AUTUMN LANE
City-St-Zip: PENSACOLA, FL 325145761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: KELLY, REGGIE
Address: 14180 RIVER ROAD UNIT 11
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: PETRIE, GREG DR
Address: 14180 RIVER ROAD UNIT 2
City-St-Zip: PENSACOLA, FL 32507

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

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: CHARLES STORY

STD

05/10/2009

Electronic Signature of Signing Officer or Director

Date