

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 037 ****61.25

DOCUMENT # N02000000197

1. Entity Name

**RIVERWOOD COUNTRY ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**8009 RIVERWOODS ESTATES PLACE
RIVERVIEW FL 33569**

Mailing Address

**8009 RIVERWOODS ESTATES PLACE
RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0376962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBSON, PETER J
6401 N 54TH ST
TAMPA FL 33610**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CLINE, JOHN**
STREET ADDRESS **8009 RIVERWOOD ESTATES PL**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **MIRANDA, DEANNE**
STREET ADDRESS **8008 RIVERWOOD ESTATES PL**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☐ Change ☒ Addition
NAME **ZIMBLER, KATHY**
STREET ADDRESS **8013 RIVERWOOD ESTATES PLACE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** ☐ Delete
NAME **MARKUS, MICHAEL**
STREET ADDRESS **8012 RIVERWOOD ESTATES PL**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZIMBLER, STEVE**
STREET ADDRESS **8013 RIVERWOOD ESTATE PL.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John A. Cline **JOHN A. CLINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

Date

(813) 242-4669

Daytime Phone #