

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000197

FILED
Apr 20, 2006
Secretary of State

Entity Name: RIVERWOOD COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8017 RIVERWOODS ESTATES PLACE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

8017 RIVERWOODS ESTATES PLACE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 03-0376962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEPKA, JAMES M
8017 RIVERWOOD ESTATES PLACE
RIVERVIEW, FL 33569 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: TD () Delete
Name: ZEPKA, JAMES M
Address: 8017 RIVERWOOD ESTATES PL
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: ZIMBLER, KATHY
Address: 8013 RIVERWOOD ESTATES PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: PD () Delete
Name: MARKUS, MICHAEL
Address: 8012 RIVERWOOD ESTATES PL
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ZIMBLER, STEVE
Address: 8013 RIVERWOOD ESTATE PL.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JAMES M ZEPKA

TREA

04/20/2006

Electronic Signature of Signing Officer or Director

Date