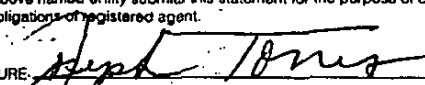
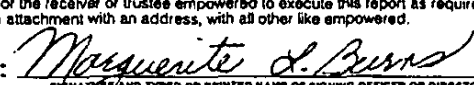


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
5/ Jun 10, 2008 8:00 am  
Secretary of State

05-12-2008 90026 026 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     |                                                                                                                 |                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000000594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |     |                                                                                                                 |                                                                                     |  |
| 1. Entity Name<br>RIVERCHASE UNIT ONE HOMEOWNERS' ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |     |                                                                                                                 |                                                                                                                                                                      |  |
| Principal Place of Business<br>10120 SHOOTING STAR CT<br>NEW PORT RICHEY, FL 34655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |     | Mailing Address<br>10120 SHOOTING STAR CT<br>NEW PORT RICHEY, FL 34655                                          |                                                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |     | 3. Mailing Address                                                                                              |                                                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |     | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |     | City & State                                                                                                    |                                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                               | Zip | Country                                                                                                         | 4. FEI Number<br>02-0545490                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     |                                                                                                                 | Applied For<br>Not Applicable                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     |                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                                                      |  |
| BUCK, PATRICIA O<br>8105 STATE ROAD 54<br>NEW PORT RICHEY, FL 34655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |     | Name<br>TORRES, JOSEPH                                                                                          |                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | 4234 ANACONDA DRIVE                                                                                             |                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | City<br>NEW PORT RICHEY, FL                                                                                     |                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | Zip Code<br>34655                                                                                               |                                                                                                                                                                      |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |     | DATE: 5/7/2008                                                                                                  |                                                                                                                                                                      |  |
| Filing Fee is \$61.25<br>Due by September 12, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |     | Make check payable to<br>Florida Department of State                                                            |                                                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                           |                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRESIDENT<br>TORRES, JOE<br>4234 ANACONDA DR<br>NEW PORT RICHEY, F. 34655 <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VICE PRESIDENT<br>ANDERSON, HERB<br>4320 ANACONDA DR<br>NEW PORT RICHEY, F. 34655 <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SECRETARY<br>SLATER, JEREMY<br>4218 ANACONDA DR.<br>NEW PORT RICHEY, FL 34655 <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TREASURER<br>BURNS, MARGUERITE<br>10120 SHOOTING STAR CT<br>NEW PORT RICHEY, FL 34655 <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                                                                  | BOARD MEMBER<br>MAY JOSE PHILIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>10147 SHOOTING STAR CT.<br>NEW PORT RICHEY, FL 34655 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | BOARD MEMBER<br>Steve Speros <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4242 Anaconda Dr.<br>New Port Richey, FL 34655          |  |
| 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. |                                                                                                                       |     |                                                                                                                 |                                                                                                                                                                      |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |     | DATE: 5/7/08 813-749-1105                                                                                       |                                                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |     | DATE                                                                                                            |                                                                                                                                                                      |  |