

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000594

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** RIVERCHASE UNIT ONE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10120 SHOOTING STAR CT  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

10120 SHOOTING STAR CT  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 02-0545490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, JOSEPH  
4234 ANACONDA DRIVE  
NEW PORT RICHEY, FL 34655 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: P ( ) Delete  
Name: TORRES, JOE  
Address: 4234 ANACONDA DR  
City-St-Zip: NEW PORT RICHEY, F; 34655

Title: V ( ) Delete  
Name: ANDERSON, HERB  
Address: 4320 ANACONDA DR  
City-St-Zip: NEW PORT RICHEY, F; 34655

Title: S ( ) Delete  
Name: SLATER, JEREMY  
Address: 4218 ANACONDA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T ( ) Delete  
Name: BURNS, MARGUERITE  
Address: 10120 SHOOTING STAR CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: BM ( ) Delete  
Name: JOSE PHILIP, MARY  
Address: 10147 SHOOTING STAR CT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: BM ( ) Delete  
Name: SPEROS, STEVE  
Address: 4242 ANACONDA DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

**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:

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: MARGUERITE L. BURNS

OFF

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date