

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001258

FILED  
Mar 26, 2006  
Secretary of State

**Entity Name:** RIVER BLUFF PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2013 GULFVIEW DRIVE  
HOLIDAY, FL 34691

**New Principal Place of Business:**

2243 PLEASANT HILL LANE  
HOLIDAY, FL 34691

**Current Mailing Address:**

2013 GULFVIEW DRIVE  
HOLIDAY, FL 34691

**New Mailing Address:**

2243 PLEASANT HILL LANE  
HOLIDAY, FL 34691

**FEI Number:** 59-3772175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. MARTIN, LEONARD  
2013 GULFVIEW DRIVE  
HOLIDAY, FL 34691 US

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

ST. MARTIN, LEONARD  
2243 PLEASANT HILL LANE  
HOLIDAY, FL 34691 US

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:

03/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ST. MARTIN, LEONARD PRES  
Address: 2013 GULFVIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: ST MARTIN, MARIA VP  
Address: 2013 GULFVIEW DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete  
Name: ST. MARTIN, RONALD  
Address: 5451 TROPIC DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ST. MARTIN, LEONARD PRES  
Address: 2243 PLEASANT HILL LANE  
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change ( ) Addition  
Name: ST MARTIN, MARIA VP  
Address: 2243 PLEASANT HILL LANE  
City-St-Zip: HOLIDAY, FL 34691

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: MARIA ST MARTIN

VP

03/26/2006

Electronic Signature of Signing Officer or Director

Date