

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001403

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** RIVER'S EDGE PROPERTY OWNER'S ASSOCIATION OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

1350 N PORTOFINO DR  
403  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

1350 N PORTOFINO DR  
403  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 41-2075210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCREARY, JAMES  
1350 N PORTOFINO DR  
403  
SARASOTA, FL 34242 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: D ( ) Delete  
Name: FEHR, JEFFREY  
Address: 1881 CITRON ST  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete  
Name: NICOLOSI, JOSEPHINE  
Address: 13081 ELEANOR AVE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete  
Name: MCCREARY, JAMES  
Address: 1350 N. PORTOFINO DRIVE, APT. 403  
City-St-Zip: SARASOTA, FL 34242

**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:

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: JAMES MCCREARY

D

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date