

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 023 \*\*\*\*61.25

**DOCUMENT # N02000002218**

1. Entity Name  
**RIVER VILLAGE ESTATES AT GRAND HARBOR  
PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4820 20TH AVENUE  
VERO BEACH, FL 32967**

Mailing Address  
**4820 20TH AVENUE  
VERO BEACH, FL 32967**

**94070707**



2. Principal Place of Business  
**4340 U. S. Highway #1**

3. Mailing Address  
**4340 U. S. Highway #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

4. FEI Number  
**01-0657433**

Applied For  
Not Applicable

Zip  
**32967**

Country

Zip  
**32967**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RULE, LISA A  
4820 20TH AVENUE  
VERO BEACH, FL 32967**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4340 U. S. Highway #1**

City  
**Vero Beach**

FL Zip Code  
**32967**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE PD ☐ Delete  
NAME NORTH, ANNABEL V  
STREET ADDRESS 4820 20TH AVENUE  
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE DV ☒ Delete  
NAME TALLMAN, DWAYNE  
STREET ADDRESS 4820 20TH AVENUE  
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE DST ☒ Delete  
NAME YOUNG, JENNIFER  
STREET ADDRESS 4820 20TH AVENUE  
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE M ☐ Delete  
NAME RULE, LISA A  
STREET ADDRESS 4820 20TH AVENUE  
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4340 U. S. Highway #1  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition  
NAME Buza, Peter L.  
STREET ADDRESS 4340 U. S. Highway #1  
CITY-ST-ZIP Vero Beach, FL 32967

TITLE DST ☐ Change ☒ Addition  
NAME Iannotti, Patricia  
STREET ADDRESS 4340 U. S. Highway #1  
CITY-ST-ZIP Vero Beach, FL 32967

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4340 U. S. Highway #1  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNABEL North**

Date

**4-27-04**

Daytime Phone #

**772-794-4380**