


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90147 041 \*\*\*\*61.25

<b>DOCUMENT # N02000005220</b> 1. Entity Name RIVER ISLAND HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2213 NE 16TH AVE WILTON MANORS, FL 33305	Mailing Address 2213 NE 16TH AVE WILTON MANORS, FL 33305
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**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 06-1672493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SPILOS, J PAUL  
2213 NE 16TH AVE  
WILTON MANORS, FL 33305

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPILOS, J PAUL 2213 NE 16TH AVE WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORDEN, CLAY T 1216 KYLESTON CT ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAGLIARO, JOSEPH <i>Pagliaro</i> 4320 SW 30TH WAY DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date *3/19/06* Daytime Phone # *9548492229*