

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005220

FILED
Apr 28, 2009
Secretary of State

Entity Name: RIVER ISLAND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2213 NE 16TH AVE
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2213 NE 16TH AVE
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 06-1672493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILOS, J PAUL
2213 NE 16TH AVE
WILTON MANORS, FL 33305 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: DP () Delete
Name: SPILOS, J PAUL
Address: 2213 NE 16TH AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: DV () Delete
Name: WORDEN, CLAY T
Address: 1216 KYLESTON CT
City-St-Zip: ORLANDO, FL 32806

Title: DST () Delete
Name: PAGLLARULO, JIM
Address: 9484 52ND CT
City-St-Zip: SEBASTIAN, FL 32958

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: J PAUL SPILOS

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date