

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005897

FILED
Mar 22, 2007
Secretary of State

Entity Name: RIVERBEND ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13327 WINDCREST DRIVE
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

Current Mailing Address:

13327 WINDCREST DRIVE
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DARGA, ROBERT T
13327 WINDCREST DRIVE
PORT CHARLOTTE, FL 33953 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: PRES () Delete
Name: DARGA, ROBERT T
Address: 13327 WINDCREST DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: TRES () Delete
Name: DARGA, GAYLE A
Address: 13327 WINDCREST DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP () Delete
Name: BRENDAL, JAY
Address: 1995 HILL RD.
City-St-Zip: WHITE LAKE, MI 48383 US

Title: SEC () Delete
Name: PANARETOS, JAMES
Address: 13285 WINDCREST DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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:

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: ROBRET T. DARGA

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date