

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90156 018 ****61.25

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1. Entity Name

RIVERLAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

6700 S. FLORIDA AVENUE SUITE 6
LAKELAND FL 33813

Mailing Address

P.O. BOX 1797
HIGHLAND CITY FL 33846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0885559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDRIDGE, J.C. -
6700 S. FLORIDA AVENUE SUITE 6
LAKELAND FL 33813

Name

J. P. Richardson

Street Address (P.O. Box Number is Not Acceptable)

6700 S. Florida Avenue

Suite #12

City

Lakeland

FL

Zip Code

33813

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)

4/25/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 **ALDRIDGE, J.C. ---**
STREET ADDRESS **6700 S. FLORIDA AVENUE SUITE 6**
CITY-ST-ZIP **LAKELAND FL 33813 ---**

TITLE **VP** ☐ Delete
NAME **FULLER, LINDA A**
STREET ADDRESS **6700 S. FLORIDA AVENUE SUITE 6**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **STD** ☒ Delete
NAME **MCCURDY, JESSICA M. ---**
STREET ADDRESS **6700 S. FLORIDA AVENUE SUITE 6 ---**
CITY-ST-ZIP **LAKELAND FL 33813 ---**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P/D** ☐ Change ☒ Addition
NAME **J. P. Richardson**
STREET ADDRESS **6700 S. Florida Avenue, Suite #12**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/D** ☐ Change ☒ Addition
NAME **Mark A. Hulbert**
STREET ADDRESS **4020 South Pipkin Road**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

J. P. Richardson

President

4/25/05

863-644-9197

Date

Daytime Phone #