

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 018 \*\*\*\*61.25

<b>DOCUMENT # N02000006380</b> 1. Entity Name <b>RIVERLAKE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6700 S. FLORIDA AVENUE SUITE 6 LAKELAND, FL 33813</b>			Mailing Address <b>P.O. BOX 1797 HIGHLAND CITY, FL 33846</b>		
2. Principal Place of Business <b>6101 Riverlake Blvd Bartow FL 33830</b>		3. Mailing Address <b>6101 Riverlake Blvd. Bartow FL 33830</b>			
City & State <b>Bartow FL 33830</b>		City & State <b>Bartow FL 33830</b>		4. FEI Number <b>47-0885559</b>	
Zip <b>33830</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RICHARDSON, J.P. 6700 S. FLORIDA AVENUE SUITE 12 LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Mark A. Hulbert</b> Street Address (P.O. Box Number is Not Acceptable) <b>4030 South Piquin Road</b> City <b>Lake Wales</b> <b>FL</b> Zip Code <b>33813</b>	
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: <b>Mark A. Hulbert</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>2/1/2006</b>					
<b>Filing Fee is \$61.25 Due by May 4, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RICHARDSON, J.P. 6700 S. FLORIDA AVENUE SUITE 12 LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <b>HULBERT, MARK A 4030 South Piquin Road Lakeland FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FULLER, LINDA A 6700 S. FLORIDA AVENUE SUITE 6 LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ADKISON, BARBARA 5152 Riverlake Drive Bartow, FL 33830</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>HULBERT, MARK A 4030 S. PIQUIN RD LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>YELNICK, MARK A 6700 S. FLORIDA AVE #6 LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>Mark A. Hulbert</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2/28/06</b> <b>863-647-5815</b> Date Daytime Phone #		