


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 036 ****61.25

DOCUMENT # N02000006380					
1. Entity Name RIVERLAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6101 RIVERLAKE BLVD BARTOW, FL 33830 US			Mailing Address 6101 RIVERLAKE BLVD BARTOW, FL 33830 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0885559	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HULBERT, MARK A 4030 SOUTH PIPKIN ROAD LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HULBERT, MARK A		TITLE PD	NAME Hulbert, Mark A	
STREET ADDRESS 4030 SOUTH PUMPKIN ROAD	CITY - ST - ZIP LAKELAND, FL 33813		STREET ADDRESS 4030 South Pipkin Road	CITY - ST - ZIP Lakeland, FL 33813	
TITLE SD	NAME ADKISON, BARBARA		TITLE SD	NAME Walton, Jennifer	
STREET ADDRESS 5152 RIVERLAKE DRIVE	CITY - ST - ZIP BARTOW, FL 33880		STREET ADDRESS 6321 Riverlake Court	CITY - ST - ZIP Bartow, FL 33830	
TITLE VPD	NAME YELNICK, MARK A		TITLE VPD	NAME Yelnick, Mark A	
STREET ADDRESS 6700 S. FLORIDA AVE #6	CITY - ST - ZIP LAKELAND, FL 33813		STREET ADDRESS 6135 Riverlake Boulevard	CITY - ST - ZIP Bartow, FL 33830	
TITLE 	NAME 		TITLE TD	NAME Adkison, Barbara	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 5152 Riverlake Drive	CITY - ST - ZIP Bartow, FL 33830	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
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 <u>Barbara Adkison</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Barbara Adkison			4/9/07		
863-701-0703			Daytime Phone #		