

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000003992

1. Entity Name
RIVERLAND VILLAGE CIVIC ASSOCIATION CORP.



Principal Place of Business
C/O MICHELLE HEMPLE, TREASURER
2020 SW 33RD AVE
FORT LAUDERDALE, FL 33312

Mailing Address
C/O MICHELLE HEMPLE, TREASURER
2020 SW 33RD AVE
FORT LAUDERDALE, FL 33312



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HEMPLE, MICHELLE
2020 SW 33RD AVENUE
FORT LAUDERDALE, FL 33312

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IN THIS SPACE**

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

Michelle Hemple

(NOTE: Registered Agent signature required when renewing)

1/5/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

U00000775378
01/08/08-80027-020 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME CABRERA, ALEX
STREET ADDRESS 3210 SW 17TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VP
NAME O'TOOLE, BRIAN
STREET ADDRESS 3371 SW 18TH ST
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE S
NAME ROSE, LIZETTE
STREET ADDRESS 3461 SW 20TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE T
NAME HEMPLE, MICHELLE
STREET ADDRESS 2020 SW 33RD AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Michelle Hemple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08
Date

Daytime Phone #