

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90477 001 ***122.50

DOCUMENT # N03000009014

1. Entity Name

**CIVIC ASSOCIATION OF RIO VISTA WASTEWATER
TREATMENT, INC.**



Principal Place of Business

18721 SW 108 STREET
DUNNELLON FL 34432

Mailing Address

P O BOX 817
DUNNELLON FL 34430

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

65-0685545

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

SEREDA, SHIRLEY
18860 SW 110 PL
DUNNELLON FL 34432

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEREDA, SHIRLEY
18860 SW 110 PLACE
DUNNELLON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KARPOWICH, GAIL
18758 SW 108 ST
DUNNELLON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FISHER, CARMEN
18721 SW 108TH ST.
DUNNELLON FL 34432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BURKS, GRACE
11190 SW 186 CIRCLE
DUNNELLON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REISEN, HARRY
10943 189 TERRACE
DUNNELLON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HEGEDUS, JAMES
10971 SW 189 TERRACE
DUNNELLON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additio

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:

Grace Burks

GRACE BURKS-TREASURER

4-26-2004 352-489-258