

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009014	
1. Entity Name CIVIC ASSOCIATION OF RIO VISTA WASTEWATER TREATMENT, INC.	
Principal Place of Business 18860 SW 110TH PLACE DUNNELLON, FL 34432	Mailing Address PO BOX 917 DUNNELLON, FL 34430



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEREDA, SHIRLEY 18860 SW 110TH PLACE DUNNELLON, FL 34432	DO NOT WRITE IN THIS SPACE
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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) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SEREDA, SHIRLEY
STREET ADDRESS	18860 SW 110 PLACE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	VP
NAME	KARPOWICH, GAIL
STREET ADDRESS	18758 SW 108 ST.
CITY-ST-ZIP	DUNNELLON, FL
TITLE	S
NAME	FISHER, CARMEN
STREET ADDRESS	18721 SW 108TH ST.
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	T
NAME	BURKS, GRACE
STREET ADDRESS	11190 SW 186 CIR.
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	REISEN, HARRY
STREET ADDRESS	10943 189 TERR.
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	HEGEDUS, JAMES
STREET ADDRESS	10971 SW 189 TERR.
CITY-ST-ZIP	DUNNELLON, FL

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4-11-2005 352-489-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #