

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000009014</b> 1. Entity Name <b>CIVIC ASSOCIATION OF RIO VISTA WASTEWATER TREATMENT, INC.</b>						<b>FILED</b> <b>07 SEP 12 AM 7:51</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>18860 SW 110TH PLACE DUNNELLON, FL 34432</b>				Mailing Address <b>PO BOX 817 DUNNELLON, FL 34430</b>			
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	
6. Name and Address of Current Registered Agent  <b>SEREDA, SHIRLEY 18860 SW 110TH PLACE DUNNELLON, FL 34432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>65-0685545</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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.				5. Certificate of Status Desired <input type="checkbox"/>			
SIGNATURE _____				DATE _____			
Amended AR is \$81.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
Amended AR is \$81.25				\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State				\$5.00 May Be Added to Fees			
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 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GEORGE MOTT 10495 SW 186th CIRCLE DUNNELLON FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REISEN, HARRY 10943 189TH TERR DUNNELLON, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JIM GEIGER 3 SEASIDE LANE #202 BELLEAIR FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, CARMEN 18721 SW 108TH ST. DUNNELLON, FL 34432 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARY SUE STARLING 10951 SW 186th CIRCLE DUNNELLON FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BURKS, GRACE 11190 SW 186 CIR. DUNNELLON, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE SPANGLER 18955 SW 104th PLACE DUNNELLON FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISEN, HARRY 10943 189 TERR. DUNNELLON, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN ROSSI 10470 SW 190th TERRACE DUNNELLON FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGEDUS, JAMES 10971 SW 189 TERR. DUNNELLON, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL KARPOWICH 18758 SW 108th STREET DUNNELLON FL 34432 <input type="checkbox"/> Change <input checked="" 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.							
SIGNATURE: <u>Grace Burks</u> GRACE BURKS				Date: <u>9-10-2007</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>352-489-2580</u>			

2007 Not-For-Profit Corporation  
Amended Annual Report

Document #N03000009014

CIVIC ASSOCIATION OF RIO VISTA WASTEWATER TREATMENT, INC

FEI #65-0685545

Title            D

Name           Burrows, David

Address        1201 76<sup>th</sup> Street N

City            St. Petersburg, FL 33710                    Addition