


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

FILED
Apr 23, 2008 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 817 DUNNELLON, FL 34430	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SEREDA, SHIRLEY 18860 SW 110TH PLACE DUNNELLON, FL 34432		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOTT, GEORGE 10995 SW 188TH CIRCLE DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GEIGER, JIM 3 SEASIDE LANE #202 BELLEAIR, FL 33756	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STARLING, MARY SUE 10951 SW 186TH CIRCLE DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURKS, GRACE 11190 SW 186 CIR. DUNNELLON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPANGLER, STEVE 18955 SW 104TH PLACE DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSI, DAN 10470 SW 190TH TERRACE DUNNELLON, FL 34432	
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: <i>Grace Burks</i> GRACE BURKS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-17-2008 352-489-2580 <small>Date Daytime Phone #</small>



04122008 No Chg-NP CR2E037 (4/06)

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

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05/13/08-80046-021 61.25

**DO NOT WRITE
IN THIS SPACE**