2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N03592

Entity Name: RIVER ROAD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 560913
ROCKLEDGE, FL 329567913

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560913
ROCKLEDGE, FL 329567913

New Mailing Address:

FEI Number: 59-2873775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, KRISTINE
155 RIVER ROAD CIRCLE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MERRITT, RICHARD	
Address:	115 RIVER ROAD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	P	( ) Delete
Name:	BURRIER, SUSAN K	
Address:	180 RIVER RD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	ST	( ) Delete
Name:	WILSON, KRISTINE	
Address:	155 RIVER ROAD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	CAMP, GLENN	
Address:	2296 ROCKLEDGE DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	PRINCE, FRANK	
Address:	125 RIVER ROAD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VP	( ) Delete
Name:	WENZEL, NICK	
Address:	270 RIVER ROAD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BURRIER, SUSAN K	
Address:	180 RIVER RD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BAUER, DEBBIE	
Address:	165 RIVER ROAD CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE WILSON ST 04/26/2004
Electronic Signature of Signing Officer or Director — Date

GREG ROTH, DIRECTOR
945 BROOKVIEW LANE
ROCKLEDGE, FL 32955