2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90419 021 ****61.25

04242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000002759

1. Entity Name
RIO VILLA LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9696 BONITA BEACH ROAD SUITE 2210 BONITA SPRINGS, FL 34135	9696 BONITA BEACH ROAD SUITE 210 BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		PO Box 60847	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Fort Myers FL	
Zip	Country	Zip: 33906	Country: USA

4. FEI Number: 20-0954575 ☐ 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
MALTESE, BEN J 9696 BONITA BEACH ROAD 210 BONITA SPRINGS, FL 34135	Name: Shane Spring Street Address (P.O. Box Number is Not Acceptable): Sunset Management Group 12811 Kenwood LN Suite 210 City: Ft Myers **FL** Zip Code: 33907

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] 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2007**	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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MALTESE, BEN		NAME		
STREET ADDRESS	9696 BONITA BEACH ROAD, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ____ [signature] 4/23/07 239-333-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #