

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:07

DOCUMENT # N04000003641

1. Entity Name  
THREE RIVERS PLANTATION WEST PROPERTY  
OWNERS' ASSOCIATION, INC.



Principal Place of Business  
4127 NW 27TH LANE  
GAINESVILLE, FL 32606

Mailing Address  
POST OFFICE BOX 357845  
GAINESVILLE, FL 32635-7845

2. Principal Place of Business

PO BOX 1415

3. Mailing Address

PO BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MANGO, FL

City & State

MANGO, FL

Zip

33550-1415

Country

USA

Zip

33550-1415

Country

USA

03112006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
56-2452722

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIES, LISA  
4127 NW 27TH LANE  
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name  
DIANA RAY

Street Address (P.O. Box Number is Not Acceptable)  
11323 ANDY DRIVE

City  
RIVERVIEW

FL

Zip Code  
33569

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-06

Amended AR is \$61.25

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

TITLE PD  
NAME MCDONALD, JANET L  
STREET ADDRESS 4127 NW 27TH LANE  
CITY-ST-ZIP GAINESVILLE, FL 32606 ☒ Delete

TITLE VD  
NAME LEE, DENNIS G  
STREET ADDRESS 4127 NW 27TH LANE  
CITY-ST-ZIP GAINESVILLE, FL 32606 ☒ Delete

TITLE STD  
NAME DAVIES, LISA  
STREET ADDRESS 4127 NW 27TH LANE  
CITY-ST-ZIP GAINESVILLE, FL 32606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  
NAME JOSE FONSECA  
STREET ADDRESS 10980 WESTWOOD LAKE DRIVE  
CITY-ST-ZIP MIAMI, FL 33165 ☐ Change ☒ Addition

TITLE V/D  
NAME ROBERT ROHRER  
STREET ADDRESS 6029 SW 44TH AVE  
CITY-ST-ZIP JASPER, FL 32052 ☐ Change ☒ Addition

TITLE S/T/D  
NAME DIANA RAY  
STREET ADDRESS 11323 ANDY DRIVE  
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*[Signature]* DIANA L. RAY

3-11-06

(813)246-5527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #