2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N04000006298

Entity Name: RIVER WALK ESTATES HOMES ASSOCIATION, INC.

Current Principal Place of Business:

940 WEST GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20015
ATLANTA, GA 30325

New Mailing Address:

FEI Number: 42-1637802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAUPIN, THELMA
1439 SHELL POINT ROAD
CRAWFORDVILLE, FL 32327 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: NEISLER, BETTY
Address: 940 WEST GORRIE DRIVE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: V ( ) Delete
Name: GAUPIN, THELMA
Address: 1439 SHELL POINT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: GAUPIN, TED
Address: 1439 SHELL POINT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: T ( ) Change (X) Addition
Name: JENNY, KIMBRELL
Address: 1130 VALLEY RIDGE COURT
City-St-Zip: MARIETTA, GA 30067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JENNY KIMBRELL T 03/22/2009

Electronic Signature of Signing Officer or Director — Date