

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009653

1. Entity Name
RIVENDELL HOMEOWNERS ASSOCIATION OF
TALLAHASSEE, INC.



Principal Place of Business
3336 MICANOPY TRAIL
TALLAHASSEE, FL 32312

Mailing Address
3336 MICANOPY TRAIL
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162005

Chg-NP

CR2E037 (10/03)

4. FEI Number

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

BOUTHILLIER, REGINALD L JR
3336 MICANOPY TRAIL
TALLAHASSEE, FL 32312

Name

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

City

FL

Zip Code

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, 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, 2005

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 DVS ☐ Delete
NAME BOUTHILLIER, REGINALD JR
STREET ADDRESS 3336 MICANOPY TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

TITLE DPT ☐ Delete
NAME VINCENT, PRICE H JR
STREET ADDRESS 560 FRANK SHAW RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 FEB 16 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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