

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 018 \*\*\*\*61.25

<b>DOCUMENT # N04957</b> 1. Entity Name <b>RIVER LANDING PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>MAPP ROAD PALM CITY, FL 34991 US</b>			Mailing Address <b>P O BOX 1123 PALM CITY, FL 34991 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2182425</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'HAY, KEVIN 2417 SE DIXIE HWY STUART, FL 34996</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RUSSELL, TONY</b> <b>5067 SW LANDING CREEK DR.</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BRADY, JOHN</b> <b>5019 SW LANDING CREEK DR</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>BANFIELD, ROBERTA</del> <del>5464 SW LANDING CREEK DR</del> <del>PALM CITY, FL 34990</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>SANTURN, PETER J</del> <del>SW PIGEON PLUM WAY</del> <del>PALM CITY, FL 34990</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SCOTT THOMPSON</b> <b>5380 SW LANDING CREEK DR</b> <b>PALM CITY FL 34990</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>JOHNSON, KEITH</b> <b>5235 SW LANDING CREEK DR.</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DAVID GROFIC</b> <b>5427 SW LANDING CREEK DR</b> <b>PALM CITY FL 34990</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>John G Brady</i> <b>JOHN G BRADY, TREASURER</b> 1/9/09					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					