

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM  
Secretary of State

DOCUMENT # N05000002648



1. Entity Name  
YACHT CLUB VILLAS IN RIO VISTA HOMEOWNERS'  
ASSOCIATION, INC.

Principal Place of Business  
17150 ROYAL PALM BLVD  
SUITE 2  
WESTON, FL 33326

Mailing Address  
17150 ROYAL PALM BLVD  
SUITE 2  
WESTON, FL 33326



02012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KARNEY, WILLIAM M  
915 MIDDLE RIVER DRIVE  
SUITE 506  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000632332  
02/21/07-00017-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GARZON, CRISANTO  
STREET ADDRESS 17150 ROYAL PALM BLVD SUITE #2  
CITY-ST-ZIP WESTON, FL 33326

TITLE PTD  
NAME GARZON, JONATHAN  
STREET ADDRESS 17150 ROYAL PALM BLVD SUITE #2  
CITY-ST-ZIP WESTON, FL 33326

TITLE D  
NAME HERNANDEZ, MARTA  
STREET ADDRESS 17150 ROYAL PALM BLVD SUITE #2  
CITY-ST-ZIP WESTON, FL 33326

TITLE SV  
NAME VELA, JAIRO H  
STREET ADDRESS 17150 ROYAL PALM BLVD SUITE #2  
CITY-ST-ZIP WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 02-07

(954) 888-9998

Date

Daytime Phone #