

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006630

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** RIVERVIEW AT TARPON HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10529 LAKE WILLIAMS DR  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 544  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 16-1758311      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILBERMANN, GALE ESQ  
BAXTER,STROHAUER,MANNION & SILBERMANN, PA  
1150 CLEVELAND ST - STE 300  
CLEARWATER, FL 33755 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: PD ( ) Delete  
Name: ELLIOT, JULES L  
Address: 103 PEGRAM LN  
City-St-Zip: FREDERICKSBURG, VA 22408

Title: SD ( ) Delete  
Name: WILKEY, THOMAS  
Address: 10529 LAKE WILLIAMS DR  
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete  
Name: WEBER, GEOFFREY C  
Address: 221 TURNER ST  
City-St-Zip: CLEARWATER, FL 33756

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS WILKEY

SD

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date