

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008293

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** RIVER HALL COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8695 COLLEGE PKWY., #242  
FORT MYERS, FL 33919

**New Principal Place of Business:**

1600 W COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

8695 COLLEGE PKWY., #242  
FORT MYERS, FL 33919

**New Mailing Address:**

1600 W COLONIAL DRIVE  
ORLANDO, FL 32804

**FEI Number:** 20-3815888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSON, JACK  
1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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: DP ( ) Delete  
Name: MIARS, GRAYDON E  
Address: 14055 RIVERS EDGE DRIVE #225  
City-St-Zip: TAMPA, FL 33637

Title: DVP ( ) Delete  
Name: MCDONALD, PATRICIA  
Address: 2401 RIVER HALL PKWY  
City-St-Zip: ALVA, FL 33920

Title: DST ( ) Delete  
Name: DURAND, CARLA  
Address: 2401 RIVER HALL PKWY.  
City-St-Zip: ALVA, FL 33920

**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 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: BEVERLY MALOUIN

LCAM

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date