

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010462

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** LA RIVA EAST HOMEOWNER'S ASSOCIATION 14237, INC.

**Current Principal Place of Business:**

510 EAST ZARAGOZA STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

6806 SEYBOLD ROAD  
MADISON, WI 53719

**New Mailing Address:**

**FEI Number:** 20-3934614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLTON, SUSAN  
14758 PERDIO KEY DR  
PENSACOLA, FL 32507 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: SCHUTZ, DAVID A  
Address: 6806 SEYBOLD ROAD  
City-St-Zip: MADISON, WI 53719

Title: DVST ( ) Delete  
Name: BRYAN, WILLIAM C  
Address: BOX 2006  
City-St-Zip: KNOXVILLE, TN 37901

Title: DP ( ) Delete  
Name: ROVIRA, KLAR  
Address: 4509 TAFT PARK  
City-St-Zip: METAIRIE, LA 70002

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Name: ROVIRA, KLAR  
Address: 4509 TAFT PARK  
City-St-Zip: METAIRIE, LA 70002

Title: D ( ) Delete  
Name: RICHARD, RAY  
Address: 4 HENNINGTON DRIVE  
City-St-Zip: HATTIESBURG, MS 39402

**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:

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: DAVID A SCHUTZ

DP

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date