

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05497

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** RIVER RIDGE HOMEOWNERS' ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

7 RIVER RIDGE DRIVE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1994  
COCOA, FL 32923 US

**New Mailing Address:**

**FEI Number:** 59-2467298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, JAMES A  
56 HILL TOP LANE  
ROCKLEDGE, FL 32955 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: SD ( ) Delete  
Name: SCHIAVONE, KAREN E  
Address: 69 RIVER RIDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T/D ( ) Delete  
Name: WRIGHT, JAMES A MS.  
Address: 56 HILL TOP LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D ( ) Delete  
Name: CARTER, JOSEPH MR  
Address: 19 RIVER RIDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: PD ( ) Delete  
Name: MEAD, HANSEL MR.  
Address: 23 RIVER RIDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D ( ) Delete  
Name: PETERS, MARK  
Address: 71 RIDGE TOP LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

**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: D (X) Change ( ) Addition  
Name: HOLDER, FRANK  
Address: 52 RIDGE COURT  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES A WRIGHT

TREA

04/27/2005

Electronic Signature of Signing Officer or Director

Date