

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05497

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

56 HILL TOP LANE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561315
ROCKLEDGE, FL 329561315 US

New Mailing Address:

P.O. BOX 561315
ROCKLEDGE, FL 32955 US

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:

WRIGHT, JAMES A JR
56 HILL TOP LANE
ROCKLEDGE, FL 32955 US

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: JAMES A WRIGHT JR

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FOWLER, DANIEL MR.
Address: 68 HILL TOP LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

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

Title: T/D () Delete
Name: HANSEL, MEAD MR.
Address: 72 HILL TOP LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S/D () Delete
Name: SCHIAVONE, KAREN MS.
Address: 69 RIVER RIDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D () Delete
Name: SCHULTZ, KEN MR.
Address: 38 RIVER RIDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STORMANT, ED MR.
Address: 46 RIVER RIDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAMIE, HOLTJE MRS
Address: 70 HILL TOP LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

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: DAN FLOWER

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date