

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000001008**

1. Entity Name  
**RIVERWOOD VILLAGE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**501 NORTH GRANDVIEW AVENUE  
3RD FLOOR EAST  
DAYTONA BEACH, FL 32118**

Mailing Address  
**501 NORTH GRANDVIEW AVENUE  
3RD FLOOR EAST  
DAYTONA BEACH, FL 32118**



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4236555**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMS, G. LARRY  
501 NORTH GRANDVIEW AVENUE  
3RD FLOOR EAST  
DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mar 4, 2008*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
BUNN, WAYNE  
480 REED CANAL ROAD  
SOUTH DAYTONA, FL 32119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ZIMMERMAN, ERIC  
720 PROSPECT PT DR.  
PORT ORANGE, FL 32129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVD  
WELLS, CRAIG A  
2029 SOUTH PENINSULA DRIVE  
DAYTONA BEACH, FL 32118**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000849563  
03/21/08-80026-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*