2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001008

FILED Jun 23, 2009 Secretary of State

Entity Name: RIVERWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 501 NORTH GRANDVIEW AVENUE 501 NORTH GRANDVIEW AVENUE 3RD FLOOR EAST 3RD FLOOR EAST DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 New Mailing Address: **Current Mailing Address:** 501 NORTH GRANDVIEW AVENUE 501 NORTH GRANDVIEW AVENUE 3RD FLOOR EAST 3RD FLOOR EAST DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 US FEI Number: 20-4236555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMS, G. LARRY 501 NORTH GRANDVIEW AVENUE 3RD FLOOR EAST DAYTONA BEACH, FL 32118 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD (X) Delete () Change () Addition BUNN, WAYNE Name: Name: 480 REED CANAL ROAD Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: VSD (X) Change () Addition ZIMMERMAN, ERIC Name: Name: ZIMMERMAN, ERIC Address: 720 PROSPECT PT DR. Address: 720 PROSPECT PT DR. City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: **PVD** () Delete Title: **PVD** (X) Change () Addition WELLS, CRAIG A Name: WELLS, CRAIG A Name: 2029 SOUTH PENINSULA DRIVE 501 N GRANDVIEW AVE, 3RD FLOOR Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118

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: CRAIG A WELLS P 06/23/2009