

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001131

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** RIVER RISE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% SALLY ANN WILSON  
901 NW 8TH AVE A-6  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

420 SW MARYNIK DRIVE  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

PO BOX 704  
HIGH SPRINGS, FL 32655

**New Mailing Address:**

420 SW MARYNIK DRIVE  
HIGH SPRINGS, FL 32643

**FEI Number:** 11-3771332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, SALLY A  
SUN LU PROPERTIES INC  
901 NW 8TH AVE STE A-6  
GAINESVILLE, FL 32601 US

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

MCALHANY, PAT S  
420 SW MARYNIK DRIVE  
HIGH SPRINGS, FL 32643 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: PAT MCALHANY

02/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CATO, SHERRY  
Address: 397 SW GREY WAY  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPD  
Name: BLAKE, TIM  
Address: 4444 NW 35TH ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: SEC  
Name: MCALHANY, PAT  
Address: 420 SW MARYNIK DRIVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TRUS  
Name: COX, GEORGE  
Address: 855 SW MARYNIK DR.  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: TRE  
Name: MCALHANY, PAT  
Address: 420 SW MARYWIK DRIVE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T  
Name: CATO, BOBBY  
Address: 397 GREY WAY  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby 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 all other like empowered.

SIGNATURE: PAT MCALHANY

TREA

02/01/2010

Electronic Signature of Signing Officer or Director

Date