



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90029 013 \*\*\*\*61.25

<b>DOCUMENT # N06000003348</b>					
<b>1. Entity Name</b> RIVER RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 837 - 8TH STREET VERO BEACH, FL 32962 US			<b>Mailing Address</b> 837 - 8TH STREET VERO BEACH, FL 32962 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3300 43rd Ave. Suite, Apt. #, etc. 4125		<b>3. Mailing Address</b> P.O. Box 650099 Suite, Apt. #, etc.			
<b>City &amp; State</b> Vero Beach FL		<b>City &amp; State</b> Vero Beach FL		<b>4. FEI Number</b> 20-4681832	
<b>Zip</b> 32960		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GARAVAGLIA, MICHAEL J 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> REXFORD, JOHN <b>STREET ADDRESS</b> 837 - 8TH STREET <b>CITY - ST - ZIP</b> VERO BEACH, FL 32962	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Rexford, John <b>STREET ADDRESS</b> P.O. Box 650099 <b>CITY - ST - ZIP</b> Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MOSBY, RANDY <b>STREET ADDRESS</b> 837 - 8TH STREET <b>CITY - ST - ZIP</b> VERO BEACH, FL 32962	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> mosby, Randy <b>STREET ADDRESS</b> PO Box 650099 <b>CITY - ST - ZIP</b> Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> MOSBY, GLORIA <b>STREET ADDRESS</b> 837 - 8TH STREET <b>CITY - ST - ZIP</b> VERO BEACH, FL 32962	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> mosby, Gloria <b>STREET ADDRESS</b> PO Box 650099 <b>CITY - ST - ZIP</b> Vero Beach, FL 32965	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Gloria S. Mosby</u> <u>Gloria S. Mosby</u> <u>1/28/08</u> <u>772-569-4087</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					