2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010221

Entity Name OMEOWNERS ASSOCIATION OF SOUTH INDIAN



FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90223 006 ****61.25

RIVERIO	LES, INC.		1000	1. The state of th			
10 PALMER ROAD SUITE H 1			Mailing Address 10 PALMER ROAD SUITE H INDIAN HARBOUR BEACH, FL 32937		4114		
2. Principal Place of Business - No P.O. Box #		3. Malling Address				38(0) (31) 63(3 160 136) (I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007 C	hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number		W	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add	
	6. Name and Address of Curren	nt Kegistered Agent		7. Name and Add	tress of New Ke	gistered Agent	
AL TRAAL	T 4	•	Name				
ALTMAN, T.A. 10 PALMER ROAD SUITE H INDIAN HARBOUR BEACH, FL 32937			Street Add	dress (P.O. Box Number is	Not Acceptable)	
j.			City		·	FL Zip Cod	le
8. The above	named entity submits this statement	for the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Flor	rida. I am familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered age	ord and trie of annicration (NETE:	Boostavad Apart supretive	required when reinstating)		DATE	
	California (Abota or busines unua or collegences alle	(NO.E.	, regions ou i go a organisto	rodo.ee m.e.me.man.eg)			
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	Filing Fee is \$61.25 Due by May 1, 2007	C. Election Comp Trust Fund Co	-	\$5.00 May Be Added to Fees		ake check payable t da Department of S	
10.	Due by May 1, 2007	Frust Fund Co	ontribution.	Added to Fees	Flori	da Department of S	tate
10.		Frust Fund Co	-	Added to Fees	Flori		tate
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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 an an attachment with an advices, with all others. If the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR