

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC 18 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11212008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000000595 1. Entity Name POMPANO COVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 4100 RIVERWOOD DR PORT CHARLOTTE, FL 33953			Mailing Address 12671 WHITEHALL DR FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8272189			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Myers, Brettholtz & Company, PA 12671 Whitehall Drive Fort Myers, FL 33907-3626			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARHAM, JOHN 4100 RIVERWOOD DR PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mike Woolery 4250 Riverwood Dr. Pt. Charlotte, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROSSEIT, BRETT 4100 RIVERWOOD DR PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christina Henderson 4250 Riverwood Dr. Pt. Charlotte, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAREY, PAUL 4100 RIVERWOOD DR PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST David Lepow 4250 Riverwood Dr. Pt. Charlotte, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600139137486 12/18/08--01036--001 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: Mike Woolery 11/21/08 941-343-4545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					