

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000595

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** POMPAÑO COVE AT RIVERWOOD NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

4250 RIVERWOOD DR  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

12671 WHITEHALL DR  
FORT MYERS, FL 33907

**New Mailing Address:**

3006 CARING WAY  
OFFICE  
PORT CHARLOTTE, FL 33953

FEI Number: 20-8272189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MYERS, BRETT HOLTZ & COMPANY, PA  
12671 WHITEHALL DR  
FORT MYERS, FL 33907 US

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

MANAGEMENT ONE, INC.  
3006 CARING WAY  
PORT CHARLOTTE, FL 33952 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: SHARON SCHOONBECK

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BUDD, MIKE  
Address: 2827 MYAKKA CREEK COURT #53  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: PRES  
Name: NOVIC, ROBERT  
Address: 2763 MYAKKA CREEK COURT #43  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VPST  
Name: SZEPI, LOU  
Address: 2844 MYAKKA CREEK COURT #70  
City-St-Zip: PORT CHARLOTTE, FL 33953

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: ROBERT NOVIC

PRES

04/16/2012

Electronic Signature of Signing Officer or Director

Date