

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 018 \*\*\*\*61.25

**DOCUMENT # N07000001903**

1. Entity Name  
RIVER'S EDGE SUBDIVISION HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business  
401 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

Mailing Address  
401 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

40062600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

26-0403069

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, BRADFORD R  
401 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEWIS, BRADFORD R  
STREET ADDRESS 401 E VIRGINIA STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VPD ☐ Delete  
NAME WILKINSON, BENJAMIN JR.  
STREET ADDRESS 217 JOHN KNOX ROAD  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☐ Delete  
NAME CANUP, EDWARD  
STREET ADDRESS 4967 OLEN CASTLE  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE S ☐ Delete  
NAME MAYFIELD, HENRY  
STREET ADDRESS 1572 COLONIAL TERRACE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

850-222-9730

Daytime Phone #