

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90039 004 ****66.25

DOCUMENT # N07735

1. Entity Name

RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**5330 GREEN KEY ROAD
NEW PORT RICHEY FL 34652
US**

Mailing Address

**6525 CARLY DR
NEW PORT RICHEY FL 34652
US**

34020997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-5222185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LISANTI, JOSEPH
6525 CARLY DR
NEW PORT RICHEY FL 34652**

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

Joseph Lisanti **Joseph Lisanti TREASURER**

3-17-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 NAME ☐ Delete
P
COTE, NORMAN
STREET ADDRESS **6510 BRANDON DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE NAME ☒ Delete
VP
CASEY, VIN
STREET ADDRESS **6520 CARLY DR**
CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE NAME ☒ Delete
S
ALSTER, PEARL
STREET ADDRESS **6500 BRANDON DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE NAME ☐ Delete
LISANTI, JOSEPH
STREET ADDRESS **6525 CARLY DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE NAME ☐ Delete
D
OATES, JOHN
STREET ADDRESS **6440 BRANDON DR**
CITY-ST-ZIP **NEW PT RICHEY FL 34652**

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
6526 GRASTON DR.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
BOONIE PAVLAT
STREET ADDRESS **6514 GRASTON DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE NAME ☒ Change ☐ Addition
VICKIE LYONS
STREET ADDRESS **6526 GRASTON DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph Lisanti **Joseph Lisanti**

Date

Daytime Phone #

3-17-2004 727-817-0720