

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90074 013 \*\*\*\*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

**50027838**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 *Vickie Lyons*  
Street Address (P.O. Box Number is Not Acceptable)  
*6509 Carly Dr*  
City *New Port Richey* **FL** Zip Code *34652*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	COTE, NORMAN	
STREET ADDRESS	6526 GRASTON DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAVLAT, BONNIE	
STREET ADDRESS	6514 GRASTON DR.	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LYONS, VICKIE	
STREET ADDRESS	6526 GRASTON DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LISANTI, JOSEPH	
STREET ADDRESS	6525 CARLY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OATES, JOHN	
STREET ADDRESS	6440 BRANDON DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ed Roy	
STREET ADDRESS	6534 Graston 6535 Brandon Dr	
CITY-ST-ZIP	NEWPORT Richey, FL 34652	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Heath	
STREET ADDRESS	6521 Carly Dr	
CITY-ST-ZIP	NEWPORT RICHEY, FL 34652	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie Lyons	
STREET ADDRESS	6509 Carly Dr	
CITY-ST-ZIP	Newport Richey, FL 34652	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Bailey	
STREET ADDRESS	6425 Cam Run	
CITY-ST-ZIP	NEWPORT Richey FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Vickie Lyons* - Vickie Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

727 845 1181

Daytime Phone #