



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 022 \*\*\*\*66.25

<b>DOCUMENT # N07735</b> 1. Entity Name <b>RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5330 GREEN KEY ROAD NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>6509 CARLY DR NEW PORT RICHEY, FL 34652 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>6509 Carly Dr</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey FL</b>		City & State <b>New Port Richey FL</b>		4. FEI Number <b>23-5222185</b>	
Zip <b>34652</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LYONS, VICKIE 6509 CARLY DR NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COTE, NORMAN</b> <b>6509 CARLY DR</b> <b>NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COY, ED</b> <b>6535 BRANDON DR</b> <b>NEW PT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HEUTH, SHIELA</b> <b>6521 CARLY DR</b> <b>NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LYONS, VICKIE</b> <b>6509 CARLY DR</b> <b>NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COTE, PAULINE</b> <b>6434 CANE RUYN</b> <b>NEW PT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Uice Pres</b> <b>Les Conklin</b> <b>4425 Cane Run Dr</b> <b>New Pt Richey FL 34652</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Acting</b> <b>Vickie Lyons</b> <b>6509 Carly Dr</b> <b>New Pt Richey FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Raymond Smith</b> <b>6426 Cane Run Dr</b> <b>New Pt Richey FL 34652</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None as of Now	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None as of Now	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Raymond Smith</u> <u>Raymond Smith</u> <u>3/12/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					