

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07735

FILED  
Apr 18, 2010  
Secretary of State

**Entity Name:** RIVER BEND MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5330 GREEN KEY ROAD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

6509 CARLY DR  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 23-5222185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, VICKIE  
6509 CARLY DR.  
NEW PORT RICHEY, FL 34652 US

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

LYONS, VICKIE  
6509 CARLY DR.  
NEW PORT RICHEY, FL 34652 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:**

04/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COTE, NORMAN  
**Address:** 6509 CARLY DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** V  
**Name:** MORALES, NANCY  
**Address:** 6520 CARLY DR.  
**City-St-Zip:** NEW PT RICHEY, FL 34652 US

**Title:** S  
**Name:** LYONS, VICKIE  
**Address:** 6509 CARLY DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** T  
**Name:** LYONS, VICKIE  
**Address:** 6509 CARLY DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** ALT  
**Name:** COTE, ROBERT  
**Address:** 6434 CANE RUN DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** ALT  
**Name:** CAMPBELL, RONALD ALT  
**Address:** 6527 BRANDON DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

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:** VICKIELYONS,6509CARLYDR.,NEWPORTRICHEY,FL

TRES

04/18/2010

Electronic Signature of Signing Officer or Director

Date