2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08050

FILED Apr 24, 2006 Secretary of State

Entity Name: RIVERVIEW MOBILE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8480 W. HOMOSASSA TRAIL

HOMOSASSA SPRINGS, FL 34447 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1324

HOMOSASSA SPRINGS, FL 344471324 US

FEI Number: 59-3074985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAMMETT, J. RANDALL BOMAR, HAMMETT & ASSOCIATES, CPA'S P.A. 8480 W. HOMOSASSA TRAIL HOMOSASSA SPRINGS, FL 34447 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 ESPINOSA, LUIS
 Name:
 GIBBONS, DENNIS M

 Address:
 4392 W. MUSTANG BLVD.
 Address:
 5 CYPRESS RUN #55A

 City-St-Zip:
 BEVERLY HILLS, FL 34465
 City-St-Zip:
 HOMOSASSA, FL 34446 42

Title: DVP () Delete Title: VP (X) Change () Addition Name: MUSSER, WILLIAM Name: DECKER, SYLVIA

Address: PO BOX 832 Address: 6767 E MONTICELLO COURT

City-St-Zip: HOMOSASSA, FL 34487 City-St-Zip: GURNEE, IL 60031

Title: DT () Delete Title: T (X) Change () Addition Name: TOPHAM, GARY Name: WIETHOFF, JOSEPH

 Address:
 PO BOX 499
 Address:
 2 CYPRESS RUN #13C

 City-St-Zip:
 HOMOSASSA, FL 34487
 City-St-Zip:
 HOMOSASSA, FL 34446 42

Title: DS () Delete Title: S (X) Change () Addition

 Name:
 BRANNON, OMA LOU
 Name:
 STUMPF, CAROLE

 Address:
 5517 W. MEADOW ST.
 Address:
 1 CYPRESS RUN #13C

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:
 HOMOSASSA, FL 34446

 Name:
 MCDADE, PHIL
 Name:
 MCCARTY, MAGGIE

 Address:
 6432 NEWMAN CIRCLE W.
 Address:
 3 CYPRESS RUN #33B

 City-St-Zip:
 LAKELAND, FL 33811
 City-St-Zip:
 HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLE STUMPF S 04/24/2006