2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08050

FILED Apr 19, 2007 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 LIS **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 HAMMETT, J. RANDALL BOMAR, HAMMETT & ASSOCIATES, CPA'S P.A. 8480 W HÓMOSASSA TRAIL 8480 W. HOMOSASSA TRAIL HOMOSASSA SPRINGS, FL 34447 US 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: 04/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCDADE, PHILIP G Name: Name: 6432 NEWMAN CIRCLE W. Address: Address: LAKELAND, FL 33811 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete (X) Change () Addition MUSSER, WILLIAM Name: BISHOP, KELLY Name: Address: P O BOX 832 Address: 5036 21 AVENUE NORTH City-St-Zip: HOMOSASSA, FL 34487 City-St-Zip: ST. PETERSBURG, FL 33710 US Title: () Delete Title: () Change () Addition BRANNON, UMA LOU Name: Name: 5517 W MEADOW STREET Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: () Delete Title: (X) Change () Addition ANDERSON-MOORE, KATHI Name: Name: SEDAM, WALLY 11690 W CLEARWATER COURT Address: Address: 35944 CITRUS BLVD. City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: GRAND ISLAND, FL 32735 Title: () Delete Title: (X) Change () Addition SEDAM, WALLY MILLS, RICHARD Name: Name: 35944 CITRUS BLVD. 30540 ORANGE DRIVE Address: Address: City-St-Zip: GRAND ISLAND, FL 32735 City-St-Zip: LEESBURG, FL 34748 US Title: (X) Delete Title: () Change () Addition BISHOP, KELLY Name: Name: Address: 5036 21ST AVENUE NORTH Address: ST. PETERSBURG, FL 33710 City-St-Zip: City-St-Zip:

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: PHILIP G. MCDADE P 04/19/2007