

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 18, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90045 002 \*\*\*\*61.25

**DOCUMENT # N08050**

1. Entity Name  
**RIVERVIEW MOBILE ESTATES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**8480 W. HOMOSASSA TRAIL  
HOMOSASSA SPRINGS, FL 34447 US**

Mailing Address  
**P.O. BOX 1324  
HOMOSASSA SPRINGS, FL 34447-1324 US**

66004000



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3074985**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAMMETT, J. RANDALL  
8480 W HOMOSASSA TRAIL  
HOMOSASSA SPRINGS, FL 34447**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDADE, PHILIP G 6432 NEWMAN CIRCLE W. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISHOP, KELLY 5036 21 AVENUE NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANNON, DMA LOU 5517 W MEADOW STREET HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEDAM, WALLY 35944 CITRUS BLVD. GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, RICHARD 30540 ORANGE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Phil McQuade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

Date

863-647-2235

Daytime Phone #