

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08050

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

8480 W. HOMOSASSA TRAIL
HOMOSASSA SPRINGS, FL 34447 US

New Principal Place of Business:

8546 W. HOMOSASSA TR., SUITE 2
HOMOSASSA SPRINGS, FL 34448 US

Current Mailing Address:

P.O. BOX 1324
HOMOSASSA SPRINGS, FL 344471324 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HAMMETT, J. RANDALL
8546 W. HOMOSASSA TR., SUITE 2
HOMOSASSA SPRINGS, FL 34448 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: JOHN R. HAMMETT

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDADE, PHILIP G
Address: 6432 NEWMAN CIRCLE W.
City-St-Zip: LAKE LAND, FL 33811

Title: VP () Delete
Name: BISHOP, KELLY
Address: 5036 21 AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S () Delete
Name: BRANNON, UMA LOU
Address: 5517 W MEADOW STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: SEDAM, WALLY
Address: 35944 CITRUS BLVD.
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: MILLS, RICHARD
Address: 30540 ORANGE DRIVE
City-St-Zip: LEESBURG, FL 34748 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ULMALOU BRANNON

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date