

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08050

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

11615 W.BRIGHTWATER CT.  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 334  
HOMOSASSA, FL 344480334 US

**New Mailing Address:**

P.O. BOX 334  
HOMOSASSA, FL 34487 US

**FEI Number:** 59-3074985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDADE, PHILIP G  
6432 NEWMAN CIRCLE W.  
LAKELAND, FL 33811 US

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

PROPERTY MANAGEMENT & INVESTMENT GROUP  
5366 S. CHEROKEE WAY  
HOMOSASSA, 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: ROBBIE ANDERSON

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDADE, PHILIP G  
Address: 6432 NEWMAN CIRCLE W.  
City-St-Zip: LAKELAND, FL 33811

Title: VP  
Name: BISHOP, KELLY  
Address: 20936 BROADWATER DR  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: S  
Name: BRANNON, OMA LOU  
Address: 11611 W. BRIGHTWATER CT  
City-St-Zip: HOMOSASSA, FL 34448

Title: T  
Name: SEDAM, WALLY  
Address: 11674 W. BRIGHTWATER CT.  
City-St-Zip: HOMOSASSA, FL 34448

Title: D  
Name: MILLS, RICHARD  
Address: 11608 W CLEARWATER CT  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D  
Name: CARUTHERS, C  
Address: 211 SE 43RD AVE  
City-St-Zip: OCALA, FL 34471 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: ROBBIE ANDERSON

RA

03/09/2011

Electronic Signature of Signing Officer or Director

Date