
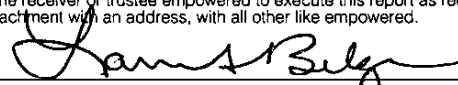


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 050 ****61.25

DOCUMENT # N08781 1. Entity Name RIVERWOODS OWNERS ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US			Mailing Address 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2625355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTRELL, BRYAN SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELGE, LARRY		NAME	TODD REISLE	
STREET ADDRESS	4769 BEACON DRIVE W		STREET ADDRESS	4899 TOLBAGA LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC LAIN, WAYNE		NAME	LISA EVERS	
STREET ADDRESS	11367 WERDEN ISLAND WAY		STREET ADDRESS	4780 TOLBAGA LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, BOB		NAME	BOB BURCH	
STREET ADDRESS	11342 ASHLEY MANOR WAY		STREET ADDRESS	11342 ASHLEY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONDI, GAIL		NAME	AMY FRANK	
STREET ADDRESS	11374 WOODEN ISLAND WAY		STREET ADDRESS	11443 SWEET CHERRY LANE S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	CABREY, BRIAN		NAME		
STREET ADDRESS	4869 ASHLEY MANOR WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PARKER, W. SANDY		NAME		
STREET ADDRESS	4862 DOVETREE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
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: 			Date March 17, 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					