

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 004 ****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 - No P.O. Box #
7100 Arlington Expy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50806
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32211

Country
DUAL

Zip
32240

Country
DUAL

6. Name and Address of Current Registered Agent
CANTRELL, BRYAN
SIGNATURE REALTY & MANAGEMENT, INC.
4003 HARTLEY ROAD
JACKSONVILLE, FL 32257

40003143



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2625355

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
River City Management Services
Street Address (P.O. Box Number is Not Acceptable)
7100 Arlington Expressway
City
Jacksonville, FL
Zip Code
32211

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 Sharon Thompson DATE 1/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P BELGE, LARRY 4769 BEACON DRIVE W JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERS, LISA 4780 TOCABAGA LANE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELTON, JEANNE E ESQ 11524 ASHLEY MANOR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONDI, GAIL 11374 WOODEN ISLAND WAY JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABREY, BRIAN 4869 ASHLEY MANOR WAY JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, W. SANDY 4862 DOVETREE LANE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry Belge President January 9, 2008 904645-9243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President – Larry Belge
4769 Beacon Dr W.
Jacksonville, FL 32225

ATTACHMENT

NO8781

40003123

Vice President – Amy Frank
11443 Sweet Cherry Lane S
Jacksonville, FL 32225

(ADD)

Treasurer – Lisa Evers
4780 Tocobaga Lane
Jacksonville, FL 32225

Secretary – Gail Bondi
11374 Weeden Island Way
Jacksonville, FL 32225

Director – Sandy Parker
4862 Dovetree Lane
Jacksonville, FL 32225

Director – Jeanne Helton
4857 Dovetree Lane
Jacksonville, FL 32225

Director – John Schmidt
4777 Beacon Dr. W.
Jacksonville, FL 32225

(ADD)

Director – Joshua Ali
11425 Beacon Dr. N.
Jacksonville, FL 32225

(ADD)

Director – Wayne
11343 Weeden Island Way
Jacksonville, FL 32225

(ADD)