


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90010 018 \*\*\*\*61.25

<b>DOCUMENT # N09534</b> 1. Entity Name RIO VILLA NORTH HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business PO BOX 33214 INDIALANTIC, FL 32903 US			Mailing Address RIO VILLE NORTH HOMEOWNERS ASSOCIATION POST OFFICE BOX 33214 INDIALANTIC, FL 32903-0214 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2824294	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTERSI, MIKE 400 VERACRUZE INDIALANTIC, FL 32903			Name <u>Robert Wright</u> Street Address (P.O. Box Number is Not Acceptable) <u>491 Bella Camino Wy</u> <u>491 Bella Camino Wy</u> City <u>Indialantic</u> <b>FL</b> Zip Code <u>32903</u>		
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 <u>Shahla Shah Savari</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTESE, MIKE 500 VERACRUZ BLVD INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	590 Vera Cruz Blvd Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONNELLA, AMANDA 471 BELLA CAMINO WAY INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Wright 491 Bella Camino Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAHSVAR, SHAHLA 583 BOLANAS CT INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shahla Shahsavar 583 Bolanos Ct Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAULILLO, BARBARA M 525 MARIA CORTE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barbara Paulillo 525 maria corte Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTIN, TINA 518 VERACRUZ BLVD INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Susan Goodchild 463 Veracruz Blvd Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u>Shahla Shah Savari</u> <u>8/15/08</u> <small>SIGNATURE AND TYPE OF OFFICER OR DIRECTOR</small>					

Rio Villa North  
Home Owners Association  
PO Box 33214  
Indialantic, FL 32903