


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N09878 1. Entity Name RIVERVIEW BLUFF HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 303 NINTH STREET WEST SUITE 201 BRADENTON, FL 34205 US	Mailing Address 303 NINTH STREET WEST SUITE 201 BRADENTON, FL 34205 US
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01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2624166	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

BUSKIRK, FRANK A.
303 NINTH STREET WEST
SUITE 201
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUSKIRK, EMILY B. 2413 87TH STREET NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIRKINS, LINDA 2409 87TH STREET NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIRKINS, ROBERT 2409 87TH STREET NW BRADENTON, FL
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05/06/08-80099-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **04-16-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #