

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10039

FILED
Aug 26, 2008
Secretary of State

Entity Name: RIVER ESTATES HOMEOWNERS, INC.

Current Principal Place of Business:

400 IMPERIAL DRIVE
RIVER ESTATES
N. FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

16043 ST. JOHN'S CIRCLE
RIVER ESTATES
N. FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 59-2589366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEEBE, DONNA MRS.
16043 ST. JOHN'S CIRCLE
RIVER ESTATES
NORTH FORT MYERS, FL 33917 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PITTEL, LAWRENCE
Address: 16071 ST. JOHN'S CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: V () Delete
Name: KILBURY, CAROLYN
Address: 16127 ST. JOHN'S CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: T () Delete
Name: NEEBE, DONNA
Address: 16043 ST. JOHN'S CIRCLE
City-St-Zip: N FT MYERS, FL 33917 US

Title: S () Delete
Name: MILLER, JANE
Address: 6213 IMPERIAL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: D () Delete
Name: KIESEL, PAUL
Address: 16147 ST. JOHN'S COURT
City-St-Zip: FORT MYERS, FL 33917 US

Title: D () Delete
Name: KOSLOW, FREDERICK
Address: 16028 ST. JOHN'S COURT
City-St-Zip: N FT MYERS, FL 33917 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAHOFSKI, BETTY
Address: 6332 HALIFAX DR.
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA K. NEEBE

TREA

08/26/2008

Electronic Signature of Signing Officer or Director

Date