


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 005 ****61.25

DOCUMENT # N13151					
1. Entity Name THE RIVER NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 266 RIVER PARK DRIVE JUPITER, FL 33477 US			Mailing Address 266 RIVER PARK DRIVE JUPITER, FL 33477 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2629943	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
TIANO, JOSEPH 2718 27TH CT. JUPITER, FL 33477			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>Joseph A. Leon</i>		SIGNATURE <i>Joseph A. Leon</i>		DATE 3-21-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOT: Registered Agent signature required when reinstating)		DATE	
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	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGEL, JOSEPH		NAME		
STREET ADDRESS	2729 27TH CT		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, RAY		NAME	ROSE O'NEIL	
STREET ADDRESS	3243 32ND CT		STREET ADDRESS	3053 30TH COURT	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONINSON, CYNTHIA		NAME	HANNAFEY, FRANK	
STREET ADDRESS	3240 32ND CT...		STREET ADDRESS	3055 30TH COURT	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIANO, JOSEPH		NAME		
STREET ADDRESS	2718 27TH COURT		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZEL, LYNN		NAME		
STREET ADDRESS	2514 25TH CT		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Joseph A. Leon</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-21-06	
				Daytime Phone #	

50006472



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