


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90098 039 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2629943	
				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	
TIANO, JOSEPH 2718 27TH CT. JUPITER, FL 33477				Name Street Address (P.O. Box Number is Not Acceptable) 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 Peoni</i>				DATE 4-2-07	
Filing Fee is \$61.25 Due by May 1, 2007				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	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, ROSE			NAME	
STREET ADDRESS	3053 30TH CT			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAFEY, FRANK			NAME	
STREET ADDRESS	3055 30TH CT			STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	
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	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENZEL, LYNN			NAME	SD KETCHAM, DEBORAH
STREET ADDRESS	2514 25TH CT			STREET ADDRESS	3059 30TH CT
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	JUPITER, FL 33477
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 Peoni</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	