2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14190

FILED Apr 06, 2009 Secretary of State

Entity Name: RIVER HILLS CONDOMINIUM ASSOCIATION INC

urrent P	Principal Place	of Business:	New Prince	cipal Place o	f Business:	
015 MOF	RROW STREET	T EAST				
	, NVILLE, FL 322	217 US				
Current Mailing Address:			New Maili	New Mailing Address:		
	ROW STREE	T EAST				
SUITE 107 ACKSON	/ NVILLE, FL 322	217 US				
El Number	: 59-2931809	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
lame and	d Address of C	current Registered Agent:	Name and	l Address of	New Registered Agent:	
015 MOF SUITE 107	MANAGEMEN RROW ST E 7 WILLE, FL 322	,				
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or bo	
the Stat	e of Florida. RE:			its registered	office or registered agent, or bo	
the Stat	e of Florida. RE:	submits this statement for the		its registered	office or registered agent, or bo	
the Stat	e of Florida. RE:	ic Signature of Registered Ac	gent			
n the Stat GNATU FFICER itle: ame: ddress:	e of Florida. RE: Electron S AND DIREC	nic Signature of Registered Aç TORS: Delete	gent	D (JORDAN, AL P O BOX 351	Date S TO OFFICERS AND DIRECT X) Change () Addition	
i the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC TD () JORDAN, AL P O BOX 3513- JACKSONVILLE	TORS: Delete 18 E, FL 32235 Delete TEVE LLS CIR E #7	gent ADDITION Title: Name: Address:	D (JORDAN, AL P O BOX 351 JACKSONVIL	Date S TO OFFICERS AND DIRECT X) Change () Addition 318	
n the Stat IGNATU PFFICER tle: ame: ddress: ity-St-Zip: tte: ame: ddress:	e of Florida. RE: Electron S AND DIREC TD () JORDAN, AL P O BOX 3513* JACKSONVILLE PD () JOHNTSON, ST 1307 RIVER HII JACKSONVILLE	TORS: Delete Delete Delete Delete Delete EVE LLS CIR E #7 E, FL 32211 Delete Delete	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (JORDAN, AL P O BOX 351 JACKSONVIL	Date S TO OFFICERS AND DIRECT X) Change () Addition 318 LE, FL 32235	

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: STEVE JOHNSON PD 04/06/2009