2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90324 018 ****61.25

DOCUMENT # N14276

1. Entity Name

RIVERCHASE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1905 ATLANTIC BLVD P.O. BOX 24501 JACKSONVILLE FL 32241	13879 MANDARIN RD JACKSONVILLE FL 32223 US

MOORE CR2E037 (11/03)

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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, JAMES
13879 MANDARIN ROAD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: MARISOL A. BUCHANAN
Street Address (P.O. Box Number is Not Acceptable): 13967 ATHENS DR
City: JACKSONVILLE **FL** Zip Code: 32223

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURDETT, LEIGH 13899 ATHENS DR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAUGE, DAVID 1901 BELLE ANGELINE CT JACKSONVILLE, FL, 32223	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOCKWOOD, JIM 13905 ATHENS DRIVE JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JABLONSKI, LEONARD 13911 ATHENS DR JACKSONVILLE, FL, 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NICHOLSON, BYRD 1805 STERNWHEEL DR JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINGLE, MICHAEL 1771 STERNWHEEL DR JACKSONVILLE, FL, 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHEPPARD, MARK 1902 SIDEWHEEL WAY JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUCHANAN, MARISOL 13967 ATHENS DR JACKSONVILLE, FL, 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNELLY, JIM 1791 STEERNWHEEL JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLOWY, RON 13877 ATHENS DR JACKSONVILLE, FL, 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marisol A. Buchanan MARISOL A. BUCHANAN 4/7/04 288-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #