

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 036 ****61.25

DOCUMENT # N14276

1. Entity Name

RIVERCHASE ASSOCIATION, INC.



Principal Place of Business

1905 ATLANTIC BLVD
P.O. BOX 24501
JACKSONVILLE FL 32241

Mailing Address

13879 MANDARIN RD
JACKSONVILLE FL 32223
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

BUCHANAN, MARISOL A
13967 ATHENS DR.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name KATHLEEN A. TEDESCHI

Street Address (P.O. Box Number is Not Acceptable)

~~13967~~ 1766 Sternwheel 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 KATHLEEN A. TEDESCHI
Signature, typed or printed name of registered agent and title if applicable

Kathleen A. Tedeschi
(NOTE: Registered Agent signature required when re-registering)

4-5-06
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD ☒ Delete
NAME GAUGE, DAVID
STREET ADDRESS 1901 BELLE ANGELINE CT.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VD ☒ Delete
NAME JABLONSKI, LEONARD
STREET ADDRESS 13911 ATHENS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE SD ☒ Delete
NAME LINGLE, MICHAEL
STREET ADDRESS 1771 STERNWHEEL DR
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE TD ☒ Delete
NAME BUCHANAN, MARISOL
STREET ADDRESS 13967 ATHENS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☒ Delete
NAME POLOWY, RON
STREET ADDRESS 13877 ATHENS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME LINDA LEONARD
STREET ADDRESS 1910 St. Mary's Ct
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Vice President ☒ Change ☐ Addition
NAME Christopher Rogers
STREET ADDRESS 1801 Sternwheel Dr.
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Secretary ☒ Change ☐ Addition
NAME FRANCEEN CORNELIUS
STREET ADDRESS 1909 Sidewheel Ct
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Treasurer ☒ Change ☐ Addition
NAME KATHLEEN A. TEDESCHI
STREET ADDRESS 1766 Sternwheel Dr.
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Director ☒ Change ☐ Addition
NAME William Gallogly
STREET ADDRESS 1778 Sternwheel Dr.
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Director ☒ Change ☐ Addition
NAME MARK SHEPPARD
STREET ADDRESS 1902 Sidewheel Ct
CITY-ST-ZIP Jacksonville, FL 32223

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KATHLEEN A. TEDESCHI Kathleen A. Tedeschi 4-5-06 904-268-5756