


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90022 045 ****61.25

DOCUMENT # N16643 1. Entity Name RIVER ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 19870 NW 80TH DRIVE OKEECHOBEE, FL 34972 US			Mailing Address 19970 NW 80TH DR OKEECHOBEE, FL 34972 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JORDAN, HELEN S 19970 NW 80TH DRIVE OKEECHOBEE, FL 34972				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
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	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, WILLIAM		NAME		
STREET ADDRESS	8257 NW 189TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGREGOR, JEANITA		NAME		
STREET ADDRESS	19455 NW 80TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, HELEN		NAME		
STREET ADDRESS	19970 NW 80TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKIN, PAT		NAME		
STREET ADDRESS	20040 NW 80TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIELDS, CAROL		NAME		
STREET ADDRESS	20015 NW 80TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOVACS, DON		NAME		
STREET ADDRESS	8832 NW 189TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		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>Helen S. Jordan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-12-07 863-467-4005 <small>Date Daytime Phone #</small>		

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03022007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0014512** Applied For ☐ Not Applicable

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

FL

Helen S. Jordan