

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16643

FILED
Apr 27, 2009
Secretary of State

Entity Name: RIVER ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19870 NW 80TH DRIVE
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

19970 NW 80TH DR
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 65-0014512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, HELEN S
19970 NW 80TH DRIVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, WILLIAM
Address: 8257 NW 189TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: S () Delete
Name: MCGREGOR, JEANITA
Address: 19455 NW 80TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: JORDAN, HELEN
Address: 19970 NW 80TH DRIVE
City-St-Zip: OKEECHOBEE, FL

Title: D () Delete
Name: WATKIN, PAT
Address: 20040 NW 80TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: SHIELDS, CAROL
Address: 20015 NW 80TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: KOVACS, DON
Address: 8832 NW 189TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHIELDS, CAROL
Address: 20015 NW 80TH DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEANITA A. MCGREGOR

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date