

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18057

FILED
Apr 25, 2005
Secretary of State

Entity Name: RIVER GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1451 JENNINGS LANE SOUTH
32955EDGE, FL 32955 US

New Principal Place of Business:

1451 JENNINGS LANE SOUTH
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1451 JENNINGS LANE SOUTH
32955EDGE, FL 32955 US

New Mailing Address:

1451 JENNINGS LANE SOUTH
ROCKLEDGE, FL 32955 US

FEI Number: 59-2751150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKIE, JUDITH E.
1451 JENNINGS LANE S
ROCKLEDGE, FL 32955 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: DP () Delete
Name: VOSIKA, CHERLY
Address: 1437 N. JENNINGS LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV () Delete
Name: MCNUTT, CARL
Address: 1447 S. JENNINGS LN.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: QUATRONE, KATHERINE
Address: 1441 N. JENNINGS LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: WILKIE, JUDITH,
Address: 1451 S. JENNINGS LN.
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: RICHARDS, JAMES L.,
Address: 1433 N. JENNINGS LN.
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: MELANSON, GILBERT,
Address: 1440 N. JENNINGS LN.
City-St-Zip: ROCKLEDGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STEVENSON, CHUCK
Address: 1435 N. JENNINGS LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV (X) Change () Addition
Name: QUATRONE, TONY
Address: 1441 N. JENNINGS LN.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: STEVENSON, CARLA
Address: 1435 N. JENNINGS LANE
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDITH WILKIE

T

04/25/2005

Electronic Signature of Signing Officer or Director

Date