

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N20967

1. Entity Name
RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

12497 N WATER WAY #2
DUNNELLON, FL 34433 US

Mailing Address

12497 N WATER WAY #2
DUNNELLON, FL 34433 US



01152004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDEZ, LINDA
20540 EAST PENNSYLVANIA AVENUE
DUNNELLON, FL 34432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

U00000009633
01/21/04-80020-016 61.25

**DO NOT WRITE
IN THIS SPACE**

TITLE	PD
NAME	JAMES, FREDERICK
STREET ADDRESS	2360 NW 225TH AVE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	STD
NAME	FERNANDEZ, LINDA
STREET ADDRESS	20540 EAST PENNSYLVANIA AVE.
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	VPD
NAME	WHITE, JOAN
STREET ADDRESS	12483 N WATER WAY
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda Fernandez

Linda Fernandez

1-16-04 352-489-1958