

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 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
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07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FERNANDEZ, LINDA
20540 EAST PENNSYLVANIE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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07/07/05-80001-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2005
DATE

Daytime Phone #