

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N20967 1. Entity Name RIVERSIDE VILLAS OF DUNNELTON HOMEOWNERS ASSOCIATION, INC. |  |
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|--|--|
| Principal Place of Business 12497 N WATER WAY #2 DUNNELTON FL 34433 US | Mailing Address 12497 N WATER WAY #2 DUNNELTON FL 34433 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

| | |
|---------------------|---------------------|
| City & State Zip | City & State Zip |
|---------------------|---------------------|

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|---|-------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
| 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 DUNNELTON FL 34432 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|---|

FL

Zip Code

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 reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD <input type="checkbox"/> Delete JAMES, FREDERICK 2360 NW 225TH AVE DUNNELTON FL 34431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD <input type="checkbox"/> Delete FERNANDEZ, LINDA 20540 EAST PENNSYLVANIA AVE. DUNNELTON FL 34432 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD <input type="checkbox"/> Delete WHITE, JOAN 12483 N WATER WAY DUNNELTON FL 34433 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100000656419 03/14/07-80024-020 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Linda Fernandez* - Linda Fernandez 2-27-07 352-489-1958