



**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** River Retreats Homeowners Association, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Brenda J Anderson  
\_\_\_\_\_  
Name (Printed or typed)

22785 SW 117th Place Rd  
\_\_\_\_\_  
Address

Dunnellon, FL 34431  
\_\_\_\_\_  
City, State & Zip

239-699-1867  
\_\_\_\_\_  
Daytime Telephone number

Brenda1040@Hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: River Retreats Homeowners Association, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address:	Mailing address, if different is:
<u>22785 SW 117th Place Rd</u>	<u></u>
<u>Dunnellon, FL 34431</u>	<u></u>
<u></u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to operate a homeowners association.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2022 AUG 30 AM 11:21  
TALLAHASSEE, FL STATE  
CLERK

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As per bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Randell W Perando, President</u>	Name and Title: _____
Address: <u>11960 SW 230th Ave</u>	Address: _____
<u>Dunnellon, FL 34431</u>	_____
_____	_____
Name and Title: <u>Brenda J Anderson, Treasurer</u>	Name and Title: _____
Address: <u>22785 SW 117th Place Rd</u>	Address: _____
<u>Dunnellon, FL 34431</u>	_____
_____	_____
Name and Title: <u>Paul D Dellinger, Secretary</u>	Name and Title: _____
Address: <u>22713 SW 117th St</u>	Address: _____
<u>Dunnellon, FL 34431</u>	_____
_____	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Brenda J Anderson  
Address: 22785 SW 117th Place Rd  
Dunnellon, FL 34431

FILED  
2022 AUG 30 AM 4:21  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Brenda J Anderson  
Address: 22785 SW 117th Place Rd  
Dunnellon, FL 34431

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Brenda J Anderson  
Required Signature of Registered Agent

8/24/22  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Brenda J Anderson  
Required Signature of Incorporator

8/24/22  
Date