


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

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90044 009 \*\*\*\*61.25

<b>DOCUMENT # N23693</b>	
1. Entity Name <b>RIVERFRONT VILLAS GROUNDS ASSOCIATION, INC.</b>	

Principal Place of Business % SIGNATURE REALTY & MANG. 4003 HARTLEY RD JACKSONVILLE FL 32257 US	Mailing Address % SIGNATURE REALTY & MANG. 4003 HARTLEY RD JACKSONVILLE FL 32257 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2808559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>SIGNATURE REALTY &amp; MANG., INC.</b> <b>4003 HARTLEY RD.</b> <b>BRYAN CANTRELL, BROKER</b> <b>JACKSONVILLE FL 32257</b>
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<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GEFEN, SID <input type="checkbox"/> Delete 6740 101 EPPING FOREST WAY NORTH JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MCMORROW, LINDA <input type="checkbox"/> Delete 6750 EPPING FORES WAY N #103 JACKSONVILLE FL 32217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP WELLS, SANDRA <input checked="" type="checkbox"/> Delete 6750 EPPING FOREST WAY N #101 JACKSONVILLE FL 32217
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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAWRENCE DU BOIS</b> <b>6730 EPPING FOREST WAY N #110</b> <b>JACKSONVILLE, FL 32217</b> <b>DVP</b>
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 C. Mc Morrow* **Linda C. Mc Morrow** 3/26/07 904-626-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #