


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N24423 1. Entity Name RIVERS BEND HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, FLORIDA, INC.		
Principal Place of Business 2751 CYPRESS SLOUGH WAY GENEVA, FL 32732	Mailing Address 2751 CYPRESS SLOUGH WAY GENEVA, FL 32732	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEAVER, SHARON H 2751 CYPRESS SLOUGH WAY GENEVA, FL 32732		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 <u>Sharon H. Weaver</u> <u>Sharon H. Weaver</u> <u>4/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITHSON, CHRIS 2750 CYPRESS SLOUGH WAY GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, TAMMY 2900 SAGE BRUSH LANE GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, PAT 2941 SAGE BRUSH LANE GENEVA, FL 32732	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEAVER, SHARON H 2751 CYPRESS SLOUGH WAY GENEVA, FL 32732	
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 exemptions contained in Chapter 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: <u>Sharon H. Weaver</u> <u>Sharon H. Weaver</u> <u>4/4/07</u> <u>407/349-5256</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2967492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/19/07-80007-014 61.25

**DO NOT WRITE
IN THIS SPACE**