2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N24423

Entity Name: RIVERS BEND HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

2751 CYPRESS SLOUGH WAY
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

2751 CYPRESS SLOUGH WAY
GENEVA, FL 32732

New Mailing Address:

FEI Number: 59-2967492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, SHARON H
2751 CYPRESS SLOUGH WAY
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITHSON, CHRIS
Address: 2750 CYPRESS SLOUGH WAY
City-St-Zip: GENEVA, FL 32732

Title: V ( ) Delete
Name: SMITH, TAMMY
Address: 2900 SAGE BRUSH LANE
City-St-Zip: GENEVA, FL 32732

Title: T ( ) Delete
Name: SANCHEZ, PAT
Address: 2941 SAGE BRUSH LANE
City-St-Zip: GENEVA, FL 32732

Title: S ( ) Delete
Name: WEAVER, SHARON H
Address: 2751 CYPRESS SLOUGH WAY
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON H WEAVER S 04/08/2008
Electronic Signature of Signing Officer or Director — Date