

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25102

FILED
Feb 07, 2004
Secretary of State

Entity Name: HOMEOWNERS OF RIVER WOODS, INC.

Current Principal Place of Business:

% RICHARD N. GLOVER
1755 OLDE RIVER TRAIL
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

% RICHARD N. GLOVER
1755 OLDE RIVER TRAIL
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 59-2859592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, RICHARD N.
1775 OLDE RIVER TRAIL
CHULUOTA, FL 32766

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: TD () Delete
Name: READLING, MICHAEL H
Address: 315 RIVERWOODS TR
City-St-Zip: CHULVOTA, FL 32766

Title: VD () Delete
Name: DOUGHERTY, RUSS
Address: 1708 OLD RIVER TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: SD () Delete
Name: WEAVER, MARCUS,
Address: 2150 OLDE RIVER TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: PD () Delete
Name: GLOVER, RICHARD N.,
Address: 1775 OLDE RIVER TRAIL
City-St-Zip: CHULUOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: READLING, MICHAEL H
Address: 315 RIVERWOODS TR
City-St-Zip: CHULUOTA, FL 32766

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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL H. READLING

TD

02/07/2004

Electronic Signature of Signing Officer or Director

Date