

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90161 047 ****61.25

DOCUMENT # N27308 1. Entity Name RIVERGLEN OF BRANDON HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33618 US			Mailing Address 4131 GUNN HWY. TAMPA, FL 33618 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLICKOFF 2401 WEST BAY DRIVE STE 414 LARGO, FL 33770				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBER, RICHARD 9217 SUNNY OAK RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Huber, Richard 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, RALPLH 12519 RIVERGLEN DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Brown, Ralph 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, PAT 9411 SAYRE STREET RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James, Cathy 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES, CATHERINE F 11803 ROSSMAYNE DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ferry, Sharon 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMS, JD 12120 SHADY FOREST DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Klos, Stanley 4131 Gunn Highway Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Egbert, Jim 4131 Gunn Highway Tampa, FL 33618	
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.			3-1-2006 Date		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					