

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 06, 2008
Secretary of State

DOCUMENT# N28036

Entity Name: RIO VISTA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1701 SE 10TH ST
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 460386
FT LAUDERDALE, FL 33346 US

New Mailing Address:

FEI Number: 59-1683534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEAD, MARK K TD
1701 SE 10TH ST
FORT LAUDERDALE, FL 33316 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: PD () Delete
Name: STURMAN, WARREN
Address: 801 PONCE DELEON
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD () Delete
Name: ABRUZZINO, JOE
Address: 916 SE 5TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD () Delete
Name: SNEAD, MARK K
Address: 1701 SE 10TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPD () Delete
Name: MESSING, NANCY
Address: 908 PONCE DELEON DR
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: SNEAD, MARK
Address: 1701 SE 10TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

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: MARK K SNEAD

SD

11/06/2008

Electronic Signature of Signing Officer or Director

_____ Date