


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90031 024 ****61.25

DOCUMENT # N31547 1. Entity Name RIVEREST HOMEOWNERS CORP.	
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Principal Place of Business VIRGINIA MORGAN 92 GRIFFIN AVE TAVARES FL 32778 US	Mailing Address VIRGINIA MORGAN 92 GRIFFIN AVE TAVARES FL 32778 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2941270	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MORGAN, VIRGINIA 92 GRIFFIN AVE TAVARES FL 32778	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 VIRGINIA W. MORGAN Virginia W. Morgan 3/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DECKER, ROBERT <input type="checkbox"/> Delete 15 LAKE AVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNLAP, PAUL <input type="checkbox"/> Delete 22 LAKE AVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HASKIN, JERRY <input type="checkbox"/> Delete 51 DORA DRIVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, EDIE <input type="checkbox"/> Delete 62 DORA DRIVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, VIRGINIA <input type="checkbox"/> Delete 92 GRIFFIN AVE TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ROBERT E. DECKER Robert E. Decker 24/03/04 352-253-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #