

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.



Principal Place of Business

VIRGINIA MORGAN
92 GRIFFIN AVE
TAVARES FL 32778
US

Mailing Address

VIRGINIA MORGAN
92 GRIFFIN AVE
TAVARES FL 32778
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2941270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 DP
NAME DECKER, ROBERT ☐ Delete
STREET ADDRESS 15 LAKE AVE
CITY-ST-ZIP TAVARES FL 32778

TITLE DVP
NAME DUNLAP, PAUL ☐ Delete
STREET ADDRESS 22 LAKE AVE
CITY-ST-ZIP TAVARES FL 32778

TITLE DT
NAME HASKIN, JERRY ☐ Delete
STREET ADDRESS 51 DORA DRIVE
CITY-ST-ZIP TAVARES FL 32778

TITLE D
NAME SCHNEIDER, EDIE ☐ Delete
STREET ADDRESS 62 DORA DRIVE
CITY-ST-ZIP TAVARES FL 32778

TITLE D
NAME MORGAN, VIRGINIA ☐ Delete
STREET ADDRESS 92 GRIFFIN AVE
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #