ANNUAL REPORT

Mar 25, 2005 8:00 am **DOCUMENT # N31547 Secretary of State** RIVEREST HOMEOWNERS CORP. 03-25-2005 90030 041 ****61 25 Principal Place of Business Mailing Address VIRGINIA MORGAN VIRGINIA MORGAN 92 GRIFFIN AVE 92 GRIFFIN AVE TAVARES, FL 32778 US TAVARES, FL 32778 US 2. Pripaigal Place of Business ECKER 02112005 CR2E037 (10/03) Applied For 4. FEI Number 59-2941270 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORGAN, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 92 GRIFFIN AVE TAVARES, FL 32778 15 LAKE 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 (NOTE: Registered Agent sig \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Addition DECKER, ROBERT NAME NAME STREET ADDRESS 15 LAKE AVE STREET ADDRESS TAVARES, FL 32778 CITY-ST-ZIP CITY-ST-ZIP DVP Detete TITLE Change ☐ Addition DUNLAP, PAUL NAME NAME 22 LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP DT ☐ Delete TITLE TITLE ☐ Change ☐ Addition HASKIN, JERRY NAME NAME STREET ADDRESS 51 DORA DRIVE STREET ADDRESS TAVARES, FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCHNEIDER, EDIE NAME NAME **62 DORA DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE JERRY DIEHR 24LAKE AVE TAVARES FL NAME MORGAN, VIRGINIA NAME 92 GRIFFIN AVE STREET ADDRESS STREET ADDRESS TAVARES, FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Robert E. Decker ROBERT E. DECKER

FILED

352-253-0594