

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 013 ****70.00



DOCUMENT # N34846
 1. Entity Name
RIVER RAPIDS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
909 RIVER RAPIDS AVE **909 RIVER RAPIDS AVE**
BRANDON FL 33511 **BRANDON FL 33511**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2977595 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILDGEN, DAVID B
909 RIVER RAPIDS AVE
BRANDON FL 33511

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 *[Signature]* DATE **1/31/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD TD	<input type="checkbox"/> Delete
NAME	WILDGEN, DAVID B	
STREET ADDRESS	909 RIVER RAPIDS AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WATT, HOWARD A	
STREET ADDRESS	915 RIVER RAPIDS AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COPE, MICHAEL	
STREET ADDRESS	918 RIVER RAPIDS AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLICK, JOSEPH	
STREET ADDRESS	905 RIVER RAPIDS AVE.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATT, DIANE	
STREET ADDRESS	915 RIVER RAPIDS AVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **DAVID B. WILDGEN** DATE: **1/31/05** DAYTIME PHONE #: **941-552-5260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #