


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39179**

1. Entity Name  
**RIVER BEND LTD ASSOCIATION, INC.**



Principal Place of Business  
**ROUTE 1, BOX 151CC, RIVER ROAD  
 BRISTOL, FL 32321**

Mailing Address  
**ROUTE 1, BOX 151CC, RIVER ROAD  
 BRISTOL, FL 32321**

**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3059579</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GAINEY, CLYDE E  
 749 FREEMAN ROAD  
 BRISTOL, FL 32321**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAINEY, CLYDE E PO BOX 113 BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ODOM, KEN 7723 N.W. CHATTAHOOCHEE CIRCLE BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD BURCH, VAN 18956 HIGHWAY 12 NORTH BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, GERTRUDE 18956 HIGHWAY 12 NORTH BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, NELL 8372 N.W. RIVER ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/05-80110-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **04-28-05** **6432906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #