



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 031 ****61.25

DOCUMENT # N39179					
1. Entity Name RIVER BEND LTD ASSOCIATION, INC.					
Principal Place of Business NW RIVER ROAD BRISTOL, FL 32321			Mailing Address 8372 NW RIVER ROAD BRISTOL, FL 32321		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3059579	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GAINEY, CLYDE E 749 FREEMAN ROAD BRISTOL, FL 32321			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINEY, CLYDE E		NAME		
STREET ADDRESS	PO BOX 113		STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
TITLE	1VPD	<input checked="" type="checkbox"/> Deleted	TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODOM, KEN		NAME	James Hollon	
STREET ADDRESS	7723 N.W. CHATTAHOOCHEE CIRCLE		STREET ADDRESS	8339 NW River Road	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP	Bristol, FL 32321	
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, VAN		NAME		
STREET ADDRESS	18956 HIGHWAY 12 NORTH		STREET ADDRESS	8109 NW River Road	
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, GERTRUDE		NAME		
STREET ADDRESS	18956 HIGHWAY 12 NORTH		STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, NELL		NAME		
STREET ADDRESS	8372 N.W. RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 32321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: 			Clyde E. Gainey		April 29, 2008 (850-643-5665)
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>