

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39179

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: RIVER BEND LTD ASSOCIATION, INC.

**Current Principal Place of Business:**

NW RIVER ROAD  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

8372 NW RIVER ROAD  
BRISTOL, FL 32321

**New Mailing Address:**

FEI Number: 59-3059579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAINEY, CLYDE E  
Address: PO BOX 113  
City-St-Zip: BRISTOL, FL 32321

Title: 2VPD ( ) Delete  
Name: BURCH, VAN  
Address: 8109 NW RIVER RD  
City-St-Zip: BRISTOL, FL 32321

Title: D ( ) Delete  
Name: NEWMAN, GERTRUDE  
Address: 18956 HIGHWAY 12 NORTH  
City-St-Zip: BRISTOL, FL 32321

Title: SD ( ) Delete  
Name: ROSS, NELL  
Address: 8372 N.W. RIVER ROAD  
City-St-Zip: BRISTOL, FL 32321

Title: VD ( ) Delete  
Name: HOLLON, JAMES  
Address: 8339 NW RIVER RD  
City-St-Zip: BRISTOL, FL 32321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELL B. ROSS

SD

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date