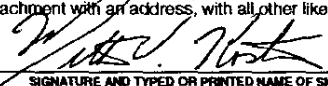


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90285 010 ****61.25

DOCUMENT # N39368 1. Entity Name RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 8103 PORT ST LUCIE, FL 34985 US			Mailing Address P.O. BOX 8103 PORT ST LUCIE, FL 34985 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, DEBORAH L 401 EAST OSCEOLA STREET STUART, FL 34994				Name Ross, Deborah L Street Address (P.O. Box Number is Not Acceptable) Royal Palm Financial Center # 212 Suite 159 South Federal Highway City Stuart FL Zip Code 34994	
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 signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	☐ Change ☐ Addition	
NAME	DIRKS, JIM		NAME		
STREET ADDRESS	1104 MITCHELL AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	PD		TITLE	PD ☒ Change ☐ Addition	
NAME	KASTER, MILTON		NAME	Kaster, Milton	
STREET ADDRESS	359 SW DUXBURY AVE		STREET ADDRESS	3251 SE River Vista Dr.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	SD		TITLE	☐ Change ☐ Addition	
NAME	LARSEN, JEAN		NAME		
STREET ADDRESS	1111 SE WESTCHESTER DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	TD		TITLE	TD/SD ☐ Change ☒ Addition	
NAME	KULASIK, JERRY		NAME	West, Darlene	
STREET ADDRESS	3301 SE RIVER VISTA DR		STREET ADDRESS	3267 SE River Vista Dr	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	D		TITLE	☐ Change ☐ Addition	
NAME	NEWHOUSE, APRIL		NAME		
STREET ADDRESS	3338 SE RIVER VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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: 			MILTON W. KOSTER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/28/04 Daytime Phone # (772) 335-1505		