## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39368

FILED May 11, 2006 Secretary of State

Entity Name: RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

	ile Kilek Violiza	TIOMEOWITERO AGGGENT	1014, 1140.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 8 PORT ST L	3103 LUCIE, FL 34985	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 8 PORT ST L	3103 LUCIE, FL 34985	US				
	e with s. 607.193(2)(b)	Number Applied For()  F ), F.S., the corporation did not red nt Registered Agent:				
759 SOUTH	LIZABETH LM FINANCIAL CE H FEDERAL HWY FL 34994 US	NTER #212				
The above in the State		its this statement for the purp	ose of changing i	ts registered office or registered agent, or bot		
SIGNATUR						
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP () Delete MOSS, CATHY 1103 SE WESTCHES PORT ST LUCIE, FL	TER DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PRES ( ) Delete NEWHOUSE, APRIL 3338 SE RIVER VISTA PORT SAINT LUCIE, I	A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TREA ( ) Delete LARSEN, JEAN PO BOX 8716 PORT SAINT LUCIE, I		Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition LARSEN, JEAN M PO BOX 8716 PORT SAINT LUCIE, FL 34985		
Title: Name: Address: City-St-Zip:	SECY () Delete HOWES, PAM 1107 SE STRATHMOI PORT ST LUCIE, FL	RE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN M. LARSEN TREA 05/11/2006