

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39368

FILED
Jan 05, 2007
Secretary of State

Entity Name: RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 8103
PORT ST LUCIE, FL 34985 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8103
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 59-3033883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH
ROYAL PALM FINANCIAL CENTER #212
759 SOUTH FEDERAL HWY
STUART, FL 34994 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: VP () Delete
Name: MOSS, CATHY
Address: 1103 SE WESTCHESTER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: PRES () Delete
Name: NEWHOUSE, APRIL
Address: 3338 SE RIVER VISTA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TREA () Delete
Name: LARSEN, JEAN M
Address: PO BOX 8716
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: SECY () Delete
Name: HOWES, PAM
Address: 1107 SE STRATHMORE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CARLSON, DAVE
Address: 3275 SE RIVER VISTA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

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: AT L () Change (X) Addition
Name: KEELAN, JIM
Address: 1112 SE WESTCHESTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

01/05/2007

Electronic Signature of Signing Officer or Director

Date