2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90021 018 ****70.00

DOCUMENT # N39368

1. Entity Name
RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8103 PORT ST LUCIE, FL 34985 US	P.O. BOX 8103 PORT ST LUCIE, FL 34985 US

01042008 Chg-NP CR2E037 (12/06)

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 59-3033883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONAN, ELIZABETH ROYAL PALM FINANCIAL CENTER #212 759 SOUTH FEDERAL HWY STUART, FL 34994	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARLSON, DAVE 3275 SE RIVER VISTA DRIVE PORT ST LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM MCQUILLAN 3322 SE RIVER VISTA DR PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES NEWHOUSE, APRIL 3338 SE RIVER VISTA DRIVE PORT SAINT LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP + ACTING TREASURER JAMES WEINERT 3341 SE RIVER VISTA DR PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA LARSEN, JEAN M PO BOX 8716 PORT SAINT LUCIE, FL 34985	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MICHAEL GEGELMAN 1110 SE STRATHMORE DR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY HOWES, PAM 1107 SE STRATHMORE PORT ST LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LARGE JOHN SHANKS 1101 SE STRATHMORE DR PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT L KEELAN, JIM 1112 SE WESTCHESTER DRIVE PORT ST. LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LARGE THOMAS KENEALY 1108 SE STRATHMORE DR. PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

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: James Weinert JAMES WEINERT 1/17/08 772-398-9043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #