

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90046 017 \*\*\*\*61.25

<b>DOCUMENT # N42276</b> 1. Entity Name <b>HACIENDA HEIGHTS ASSOCIATION OF RIVERVIEW, INC.</b>					
Principal Place of Business <b>10731 EL PASO DR. RIVERVIEW, FL 33569 US</b>			Mailing Address <b>10819 EL TORO DRIVE RIVERVIEW, FL 33569-7219 US</b>		
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 <b>59-3054464</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANDERSON, BUD 10819 ELTORO DRIVE RIVERVIEW, FL 33569</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GEORGE, MATARESE</b>		NAME		
STREET ADDRESS	<b>10801 CASA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIFNER, VOLLIE R</b>		NAME		
STREET ADDRESS	<b>10957 EL TORO DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NORTON, LARRY</b>		NAME		
STREET ADDRESS	<b>10826 CASA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SNELLING, BILL</b>		NAME	<b>DIRECTOR CRAIG, BARBARA</b>	
STREET ADDRESS	<b>10805 CASA DR</b>		STREET ADDRESS	<b>10928 JUAREZ DRIVE</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>COOK, JOANNE</b>		NAME	<b>DIRECTOR KING, PAUL</b>	
STREET ADDRESS	<b>10837 EL PASO DR</b>		STREET ADDRESS	<b>10807 EL TORO DRIVE</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZASTUDIL, JOHN</b>		NAME	<b>DIRECTOR GIBSON, GERALD</b>	
STREET ADDRESS	<b>10931 JUAREZ DR</b>		STREET ADDRESS	<b>10918 LOS OLAS DRIVE</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>		CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
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.					
<b>SIGNATURE: <u>George Matarese - President</u>      <u>Mar 24, 2008</u>      <u>813-671-1412</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

# ATTACHMENT

50002352  
#N/42276

2008

BOARD OF DIRECTORS  
HIXBURN HEIGHTS ASSOC.

1. GEORGE MATARESE - PRES.
2. LARRY NORTON - V-PRES.
3. VOLLIE RIFNER - TREAS.
4. JOANN COOK - SEC.
5. PAUL KING - DIRECTOR
6. JERRY BIASON - DIRECTOR
7. BARBARA CRAIG - DIRECTOR