

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42276

FILED
Jul 02, 2009
Secretary of State

Entity Name: HACIENDA HEIGHTS ASSOCIATION OF RIVERVIEW, INC.

Current Principal Place of Business:

10731 EL PASO DR.
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

10819 EL TORO DRIVE
RIVERVIEW, FL 33569219 US

New Mailing Address:

FEI Number: 59-3054464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, BUD
10819 ELTORO DRIVE
RIVERVIEW, FL 33569 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: PD () Delete
Name: GEORGE, MATARESE
Address: 10801 CASA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: RIFNER, VOLLIE R
Address: 10957 EL TORO DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: NORTON, LARRY
Address: 10826 CASA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CRAIG, BARBARA
Address: 10928 JUAREZ DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: COOK, JOANNE
Address: 10837 EL PASO DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: KING, PAUL
Address: 10807 EL TORRO DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: COOK, JOANNE
Address: 10837 EL PASO DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FLETTER, JOY
Address: 10717 CASA DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VOLLIE R. RIFNER

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07/02/2009

Electronic Signature of Signing Officer or Director

Date