

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42525

FILED  
Feb 20, 2012  
Secretary of State

**Entity Name:** RIVERS EDGE PROPERTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

29025 WOOD DUCK DR  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

29025 WOOD DUCK DR  
PUNTA GORDA, FL 33982

**New Mailing Address:**

FEI Number: 65-0270978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOTITZKY, EDWARD L ESQ  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950 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  
Name: BEIDEL, PEGGY A  
Address: 1620 IBIS CT.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD  
Name: PICKEN, JOANNE  
Address: 1573 CONDOR DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD  
Name: BUTLER, ELLEN  
Address: 29001 WOOD DUCK DR  
City-St-Zip: PUNTA GORDA, FL 33982

Title: TD  
Name: MULCONNERY, MARYANN  
Address: 29013 WOOD DUCK DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: COBB, BARBARA  
Address: 1595 IBIS CT  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: DION, DONALD  
Address: 1642 IBIS CT  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby 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 all other like empowered.

SIGNATURE: PEGGY BEIDEL

PD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date