2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N43145

1. Entity Name
RIVER PASSAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8156 FLEMING ISLAND, FL 32006	P.O. BOX 8156 FLEMING ISLAND, FL 32006

DO NOT WRITE IN THIS SPACE

02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3126588

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHERTZ, PAUL
371 PASSAGE DR.
ORANGE PARK, FL 32003

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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: ANTHERTZ, PAUL (PA Consult) 2-1-06
Signature, typed or printed name of registered agent and title if applicable. (DATE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN, DARYL
STREET ADDRESS	5658 WELAKA CT
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VP
NAME	GALLANGHER, JIM
STREET ADDRESS	5651 WELAKA CT
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	TD
NAME	ANTHERTZ, PAUL
STREET ADDRESS	371 PASSAGER DR
CITY-ST-ZIP	ORNAGE PARK, FL 32003
TITLE	SD
NAME	DAY, CHARLES A
STREET ADDRESS	5660 STARLIGHT LN
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-30062-010 70.00

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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: (PA Consult) TD 2-1-06 904 553-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #