2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N43145

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

Current Principal Place of Business:

371 PASSAGE DRIVE
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8156
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 59-3126588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHERTZ, PAUL
371 PASSAGE DR.
ORANGE PARK, FL 32003 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: WILLIAMS, TONY
Address: 305 PASSAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP ( ) Delete
Name: VARGO, NATE
Address: 5666 SYLVAN GLEN RUN
City-St-Zip: ORANGE PARK, FL 32003

Title: TD ( ) Delete
Name: DUNN, BETTY JO
Address: 5656 WELAKA CT.
City-St-Zip: ORNAGE PARK, FL 32003

Title: SD ( ) Delete
Name: ANTHERTZ, JENNY
Address: 371 PASSAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: A-SD ( ) Delete
Name: ANTHERTZ, PAUL
Address: 371 PASSAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PAUL ANTHERTZ A-SD 04/19/2009

Electronic Signature of Signing Officer or Director — Date