


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT.

DOCUMENT # N49868 1. Entity Name RIVERWOOD COMMUNITY ASSOCIATION, INC.						2008 DEC 18 PM 12: 06	
Principal Place of Business 4100 RIVERWOOD DRIVE PORT CHARLOTTE, FL 33953 US				Mailing Address 12671 WHITEHALL DRIVE FORT MYERS, FL 33907 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 65-0346024				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OMNI MANAGEMENT SERVICES 27499 RIVERVIEW CENTER BOULEVARD SUITE 238 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name: <u>Myers Brettholtz + Co.</u> Street Address (P.O. Box Number is Not Accepted): <u>12671 Whitehall Dr.</u> City: <u>Ft. Myers</u> FL Zip Code: <u>33907</u>			
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: <u>Don W. Myers</u> <u>Myers Brettholtz + Co.</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROSSEIT, BRETT 4100 RIVERWOOD DR PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Michael Woolery 4250 Riverwood Dr. Pt. Charlotte, FL 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARHAM, JOHN 4100 RIVERWOOD DRIVE PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Christina Henderson 4250 Riverwood Dr. Pt. Charlotte, FL 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAREY, PAUL 4100 RIVERWOOD DRIVE PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S David Lepow 4250 Riverwood Dr. Pt. Charlotte, FL 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TURNER, VIC 3341 BAY RIDGE WAY PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	800138696258 12/08/08--01065--001 **61.25				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KILROY, MIKE 3155 OSPREY LANE PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Mike Kilroy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/20/08 941-343-4545 <small>Date Daytime Phone #</small>			