

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49868

FILED
Apr 17, 2009
Secretary of State

Entity Name: RIVERWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4100 RIVERWOOD DRIVE
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

4250 RIVERWOOD DRIVE
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

12671 WHITEHALL DRIVE
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0346024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS BRETTHOLTZ & CO.
12671 WHITE HALL DR.
FT.MYERS, FL 33907 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: P () Delete
Name: WOOLERY, MICHAEL
Address: 4250 RIVERWOOD DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP () Delete
Name: HENDERSON, CHRISTINA
Address: 4250 RIVERWOOD DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: S () Delete
Name: LEPOW, DAVID
Address: 4250 RIVERWOOD DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: DT () Delete
Name: TURNER, VIC
Address: 3341 BAY RIDGE WAY
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: KILROY, MIKE
Address: 3155 OSPREY LANE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOLERY, MICHAEL
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578 US

Title: VPD (X) Change () Addition
Name: HENDERSON, CHRISTINA
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578 US

Title: D/S (X) Change () Addition
Name: HIGGINS, TIM
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578 US

Title: D/T (X) Change () Addition
Name: TURNER, VIC
Address: 3341 BAY RIDGE WAY
City-St-Zip: PORT CHARLOTTE, FL 33953

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: MICHAEL WOOLERY

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date