# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2007**
**Secretary of State**

DOCUMENT# N93000000761

**Entity Name:** RIVERBEND OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4213 COUNTRY RD #218
SUITE 1
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 949
MIDDLEBURG, FL 320500949 US

**New Mailing Address:**

**FEI Number: 59-3173431** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DELCOMYN, VINA C
4759 LEOPARD CIR
MIDDLEBURG, FL 32068 US

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

DELCOMYN, VINA C
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

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: VINA C DELCOMYN 04/12/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete
Name: GASPARI, HENRY
Address: 1899 SUWANNE RIVER DR
City-St-Zip: ORANGE PARK, FL 32003

Title: PD ( ) Delete
Name: RADWANSKI, MICHAEL
Address: 1913 SUWANNEE RIVER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Delete
Name: POWELL, CATHERINE
Address: 1882 INDIAN RIVER DR
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition
Name: COOPER, CHAD
Address: 1856 INDIAN RIVER DRIVE
City-St-Zip: ORANGE PARK, FL 32003

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD COOPER PRES 04/12/2007
Electronic Signature of Signing Officer or Director Date