2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9300001652												
1. Entity Name RIVE ST. JOHNS HOMEOWNERS ASSOCIATION, INC.								FILED ,				
National Physics and Additional							TES		05 FE	B 21 P	M 12: O I	
Principal Place 3536 UNIVER			3536 UNI	Mailing Address 3536 UNIVERSITY BLVD					SECRE	TARY OF	STATE	
BOX 169 Jacksonvill	E. FL 3227	17 ·	BOX 169 Jacksonv	BOX 169 Jacksonville, FL 32277					TALLA	TARY OF IASSEE, I	FLORIDA	
				O Mailion Address								
2. Principal Pl	lace of Busin	less	3. Mailing A	3. Mailing Address						41 13 13 5 	818 E1183 B3149 118J	IBI BI 1881
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				01192005	Chg-NP	CR2E03	37 (10/03)	
City & State	3		City & S	City & State				4. FEI Numb 59-322				plied For Applicable
Zip	Zip Country			Zip Country				5 Certificate of Status Desired 38.75 Additional				
	6. Name	t Registered Ag	egistered Agent			7. Name and Address of New Registered Agent						
SCHENKER, STEVEN								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
5021 TOP JACKSON	ROYAL L	ANE	•				Street Address (P.O. Box Number is Not Acceptable)					
							City Zip Code					
		y submits this statement t	for the purpose o	of changing its re	gistere		register	ed agent, or bo	oth, in the State of	FL Florida. I am	familiar with, a	and accept
the obligations of registered agent.												
SIGNATURE STEVEN SCHENCE SCHENCE 2:15.05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be												
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State												1 1 1
TITLE	TP	OFFICERS AND D		Delete	11.	· <u>-</u>	70			CERS AND DE	Change	10 Addition
NAME	MONAGL			NAN			MENIN HERNAN					
STREET ADDRESS CITY-ST-ZIP		IVERSITY BLVD NVILLE, FL 32277		, STE					IUG FL 3	2271		
TITLE	TVP	=======================================		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS	1	ER, STEVEN PROYAL LANE	•	. NA								
CITY-ST-ZIP		NVILLE, FL 32277				-ST-ZIP						
TITLE NAME	TA Delete PARKS, LARRY				TITLE NAMÉ			4	00047	'502!	☐ Change	Addition
STREET ADDRESS	4709 UNI	VERSITY BLVD		STRE				03/01/0501039-			**61.2	5
CITY-ST-ZIP	TS	NVILLE, FL 32277	-	Delete	CITY-	-ST-ZIP	75				Change	Addition
NAME	SHEPPARD, PAMELA					IAME		TRACI	CERHAN	c7	E Olivingo	
STREET ADDRESS CITY-ST-ZIP						et address -st-zip		5017 JAC650	MUILCE, FL	3225	77	
TITLE	Т			☐ Delete	TITLE			<u> </u>			☐ Change	Addition
NAME STREET ADDRESS	1	ER, STEVEN PROYAL LANE			NAME STREE	E Et address						
CITY-ST-ZIP		NVILLE, FL 32277			CITY-	-ST-ZIP						
TITLE NAME .				☐ Delete	TITLE NAME						☐ Change	Addition
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP	certify that th	ne information supplied w	ith this filing does	s not qualify for th		ST-ZIP	ted in Se	ection 119.07(3	Ni) Florida Statute	es I further ce	etify that the in	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Xeven Xchenky STEVEN SCHENTER 2.15.05 745.0269												
SIGNAI	Ont.	SIGNATURE AND TYPED OF	PRINTED NAME OF	SIGNING OFFICER OF					Date		Daytime Phone #	

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