



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001652 1. Entity Name RIVE ST. JOHNS HOMEOWNERS ASSOCIATION, INC.						FILED 05 FEB 21 PM 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 3536 UNIVERSITY BLVD BOX 169 JACKSONVILLE, FL 32277				Mailing Address 3536 UNIVERSITY BLVD BOX 169 JACKSONVILLE, FL 32277			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SCHENKER, STEVEN 5021 TOP ROYAL LANE JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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>Steven Schenker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>STEVEN SCHENKER</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2-15-05</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005				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	TP MONAGLE, JOHN 4704 UNIVERSITY BLVD JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP KEVIN KERNAN 5014 CINANCY CT JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SCHENKER, STEVEN 5021 TOP ROYAL LANE JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA PARKS, LARRY 4709 UNIVERSITY BLVD JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400047502594 03/01/05--01039--022 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHEPPARD, PAMELA 4746 UNIVERSITY BLVD JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TRACI KERNAN 5014 CINANCY CT JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENKER, STEVEN 5021 TOP ROYAL LANE JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Steven Schenker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>STEVEN SCHENKER</u> <small>Date</small>			
2-15-05				745-0263 <small>Daytime Phone #</small>			

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