2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# N93000001652

Entity Name: RIVE ST. JOHNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3536 UNIVERSITY BLVD
BOX 169
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3536 UNIVERSITY BLVD
BOX 169
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3228509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHENKER, STEVEN
5021 TOP ROYAL LANE
JACKSONVILLE, FL 32277 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: TP ( ) Delete
Name: KERNAN, KEVIN
Address: 5014 CINANCY CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: TVP ( ) Delete
Name: SCHENKER, STEVEN
Address: 5021 TOP ROYAL LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: TA ( ) Delete
Name: PARKS, LARRY
Address: 4709 UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: TS ( ) Delete
Name: KERNAN, TRACI
Address: 5014 CINANCY CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete
Name: SCHENKER, STEVEN
Address: 5021 TOP ROYAL LANE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP (X) Change ( ) Addition
Name: SCHAET, WILLIAM
Address: 5027 RIVEBROOK CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: TVP (X) Change ( ) Addition
Name: PARKS, LARRY
Address: 4709 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: TS (X) Change ( ) Addition
Name: BATEH, DONNA
Address: 4740 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32277

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: STEVEN SCHENKER T 01/08/2006

Electronic Signature of Signing Officer or Director — Date