

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001652

FILED  
Jan 10, 2009  
Secretary of State

**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: P ( ) Delete  
Name: PARKS, LARRY  
Address: 4709 UNIVERSITY BLVD N  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP ( ) Delete  
Name: BRENNAN, DAVID  
Address: 4960 TOP ROYAL LN  
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete  
Name: BATEH, DONNA  
Address: 4740 UNIVERSITY BLVD N  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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: STEVEN SCHENKER

T

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date