2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004291

1. Entity Name
CIVIC ASSOCIATION OF RIVER ACRES PROPERTYOWNERS, INC.

Principal Place of Business	Mailing Address
1279 NE RIVER ROCK DR LOT #8D ARCADIA, FL 34266	1279 NE RIVER ROCK DR LOT #8D ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
58-2086280
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NASTALLY, DAVID
1279 NE RIVER ROCK DR
ARCADIA, FL 34266

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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 _____ DATE
(If changing Registered Agent, Registered Agent must sign) (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000147517
05/03/04-80110-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVID NASTALLY,
STREET ADDRESS	1279 N E RIVER ROCK DRIVE
CITY ST ZIP	ARCADIA, FL 33821
TITLE	VP
NAME	HIPPCHEN, KEVIN
STREET ADDRESS	1097 NE RIVER WOOD
CITY ST ZIP	ARCADIA, FL 34266
TITLE	D
NAME	RUSTIANNE, DEAN
STREET ADDRESS	5471 N E RIVER RIDGE AVENUE
CITY ST ZIP	ARCADIA, FL
TITLE	TD
NAME	MUNDELL, GARY
STREET ADDRESS	1009 NE RIVER BOAT DR
CITY ST ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Gary Mundell Gary Mundell - Treasurer 4/27/04 (863)494-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #