

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004291

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



Principal Place of Business

**1279 NE RIVER ROCK DR
LOT #8D
ARCADIA, FL 34266**

Mailing Address

**1279 NE RIVER ROCK DR
LOT #8D
ARCADIA, FL 34266**



03142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 HIPPCHEEN, 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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05/04/05-80015-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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**

4/29/05 (863) 494-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #