

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 016 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 584 Suite, Apt. #, etc.			
City & State 		City & State Arcadia, Florida		4. FEI Number 58-2086280	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34265		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NASTALLY, DAVID 1279 NE RIVER ROCK DR ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name Gary J. Mundell Street Address (P.O. Box Number is Not Acceptable) 217 W. Oak St. City Arcadia FL Zip Code 34266		
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  Gary Mundell 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD DAVID NASTALLY, 1279 N.E. RIVER ROCK DRIVE ARCADIA, FL 33821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIPPCHEN, KEVIN 1097 NE RIVER WOOD ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSTIANNE, DEAN 5471 N.E. RIVER RIDGE AVENUE ARCADIA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNDELL, GARY 1009 NE RIVER BOAT DR ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/28/06 (863) 494-2262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					