

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001648

FILED
Feb 11, 2004
Secretary of State**Entity Name:** NEW RIVER GROVE HOMEOWNERS ASSOC., INC.**Current Principal Place of Business:**CLUB HOUSE
MICCO, FL 32976 US**New Principal Place of Business:****Current Mailing Address:**6031 RIVER GROVE DR
MICCO, FL 329762642**New Mailing Address:**5790 RIVER GROVE DR
MICCO, FL 329762642**FEI Number:** 59-3242769**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SNYDER, PAT
5790 RIVER GROVE DR.
MICCO, FL 32976 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: D () Delete
Name: GREEN, GALE
Address: 6021 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: T () Delete
Name: DOROTHY VERNACCINI,
Address: 6031 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: S () Delete
Name: DEWACHTER, BEVERLY
Address: 5761 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: P (X) Delete
Name: KEY, BILLY
Address: 5881 MICRO GROVE DR
City-St-Zip: MICCO, FL 32976

Title: D (X) Delete
Name: MYERS, LOIS
Address: 6041 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: D (X) Delete
Name: IVMEY, BOB
Address: 6020 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SNYDER, PATRICIA
Address: 5790 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: T (X) Change () Addition
Name: KENLER, SUSAN
Address: 5790 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

Title: S (X) Change () Addition
Name: GUTHRIE, LYNN
Address: 5740 RIVER GROVE DR
City-St-Zip: MICCO, FL 32976

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 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 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: SUSAN KENLER

T

02/11/2004

Electronic Signature of Signing Officer or Director_____
Date