


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90016 007 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # N94000002570</b>                                    |  |
| 1. Entity Name<br>RIVERVIEW TERRACE HOMEOWNER'S ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>POB 216<br>GRANT, FL 32944 | Mailing Address<br>POB 216<br>GRANT, FL 32944 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



01072008 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>11-3603127 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                    |  |
| BOGER, GENE<br>6767 N. WICKHAM RD. STE. 400<br>MELBOURNE, FL 32940 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

|   |      |
|---|------|
| 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 |

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BORDERS, CHARLES R JR              | NAME  |  |
| STREET ADDRESS             | 13025 N INDIAN RIVER DR            | STREET ADDRESS  |  |
| CITY-ST-ZIP                | SEBASTIAN, FL 32958                | CITY-ST-ZIP   |  |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STRANDGARD, ALFRED                 | NAME  |  |
| STREET ADDRESS             | 1672 LAMADIERA DR. SW              | STREET ADDRESS  | 4520 CELESTIAL DRIVE   |
| CITY-ST-ZIP                | PALM BAY, FL 32908                 | CITY-ST-ZIP   | GRANT, FL 32949  |
| TITLE                      | SD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | EDGE, ANGELA                       | NAME  |  |
| STREET ADDRESS             | 2295 CYPRESS LKS DR                | STREET ADDRESS  |  |
| CITY-ST-ZIP                | GRANT, FL 32949                    | CITY-ST-ZIP   |  |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARKER, EDWARD                     | NAME  |  |
| STREET ADDRESS             | 7229 BANDS AVE.                    | STREET ADDRESS  | 7229 WANDO AVE   |
| CITY-ST-ZIP                | GRANT, FL 32949                    | CITY-ST-ZIP   |  |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WOLFE, GEORGE M                    | NAME  |  |
| STREET ADDRESS             | 6865 INDIAN RIVER BLVD             | STREET ADDRESS  |  |
| CITY-ST-ZIP                | GRANT, FL 32949                    | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | NAME  |  |
| STREET ADDRESS             |                                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |  |

|   |                  |           |                 |
|---|------------------|-----------|-----------------|
| 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:  | EDWARD A. PARKER | 3-31-2008 | 321-727-3882    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                  | Date      | Daytime Phone # |