

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002570

FILED
Mar 24, 2009
Secretary of State

Entity Name: RIVERVIEW TERRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

POB 216
GRANT, FL 32944

New Principal Place of Business:

7229 WANDO AVE
GRANT, FL 32949

Current Mailing Address:

POB 216
GRANT, FL 32944

New Mailing Address:

FEI Number: 11-3603127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR & CARLS, P.A.
150 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: PD () Delete
Name: BORDERS, CHARLES R JR
Address: 13025 N INDIAN RIVER DR
City-St-Zip: SEBASTIAN, FL 32958

Title: VD () Delete
Name: STRANDGARD, ALFRED
Address: 4520 CELESTIAL DR
City-St-Zip: GRANT, FL 32949

Title: SD () Delete
Name: EDGE, ANGELA
Address: 2295 CYPRESS LKS DR
City-St-Zip: GRANT, FL 32949

Title: TD () Delete
Name: PARKER, EDWARD
Address: 7229 WANDO AVE
City-St-Zip: GRANT, FL 32949

Title: VD () Delete
Name: WOLFE, GEORGE M
Address: 6865 INDIAN RIVER BLVD
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: STRANDGARD, ALFRED
Address: 4520 CELESTIAL DR
City-St-Zip: GRANT, FL 32949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JACOBS, BRIAN
Address: 4552 CELESTIAL DR
City-St-Zip: GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD PARKER

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date