

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002570

FILED  
Apr 18, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7229 WANDO AVE  
GRANT, FL 32949

**New Principal Place of Business:**

7229 WANDO AVE  
GRANT, FL 32949 US

**Current Mailing Address:**

POB 216  
GRANT, FL 32944

**New Mailing Address:**

POB 216  
GRANT, FL 32944 US

**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  
Name: BORDERS, CHARLES R JR  
Address: 13025 N INDIAN RIVER DR  
City-St-Zip: SEBASTIAN, FL 32958 US

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

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

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

Title: VD  
Name: JACOBS, BRIAN  
Address: 4552 CELESTIAL DR  
City-St-Zip: GRANT, FL 32949 US

I hereby 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 all other like empowered.

SIGNATURE: EDWARD A PARKER

TD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date