

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000004411

1. Entity Name

ST. JOHNS RIVER SIDE ESTATES RIVER RIDGE  
SECTION PROPERTY OWNERS ASSOCIATION, INC.



FILED

04 JUN 10 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

400 PICKEREL  
SATSUMA FL 32189  
US

Mailing Address

P.O. BOX 125  
SAN MATEO FL 32187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

4. FEI Number

59-3272693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELARM, JOHN D  
400 PICKERLE ST  
SATSUMA FL 32189

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DELARM, JOHN D ☐ Delete  
STREET ADDRESS 400 PICKEREL AVE  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE VD  
NAME POUPORE, ERNEST ☐ Delete  
STREET ADDRESS 242 TROPIC AVE  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE T  
NAME BYERS, JAMEY-G ☐ Delete  
STREET ADDRESS 211 LEISURELY AV  
CITY-ST-ZIP SATSUMA FL

TITLE S  
NAME POUPORE, ANNE ☐ Delete  
STREET ADDRESS 242 TROPIC AVE  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200038479342  
06/30/04--01046--004 \*\*\$1.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

JAMEY G. BYERS

6-6-04 386-328-8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #