

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004444**

1. Entity Name

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



Principal Place of Business  
400 PICKEREL  
SATSUMA FL 32189  
US

Mailing Address  
P.O. BOX 125  
SAN MATEO FL 32187



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

DELARM, JOHN D  
400 PICKERLE ST  
SATSUMA FL 32189

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 fee if applicable

(NOTE: Registered Agent signature required when participating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

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

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

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

TITLE S ☐ Delete  
NAME POUPORE, ANNE  
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 1000000568906  
STREET ADDRESS 06/07/06-80003-015 61.25  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jamey Byers*

JAMEY BYERS

6-1-06 TREASURER

386-328-8675