

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90417 016 \*\*\*\*61.25

**DOCUMENT # N94000004411**

1. Entity Name

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



Principal Place of Business

Mailing Address

400 PICKEREL  
SATSUMA FL 32189  
US

P.O. BOX 125  
SAN MATEO FL 32187



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

1st MOORE

CR2E037 (10/06)

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 PICKEREL ST  
SATSUMA FL 32189

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32187

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 May 1, 2007**

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  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST ZIP

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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 G. Byers*

JAMEY G. BYERS 3/27/07 386328-8848