

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000349

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: RIVER BREEZE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: 59-3316588      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANTRELL, BRYAN K  
C/O SIGNATURE REALTY AND MANAGEMENT INC  
4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 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: MCDONELL, JOANNE  
Address: 1629 RIVERBREEZE DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: TD ( ) Delete  
Name: LEE, PAT  
Address: 1601 RIVER BREEZE DR.  
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD ( ) Delete  
Name: COCHRAN, TARA  
Address: 1528 MAPLE LEAF DR  
City-St-Zip: ORANGE PARK, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: GROWCOCK, ROBERT  
Address: 1617 RIVER BREEZE DR.  
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD (X) Change ( ) Addition  
Name: YOCUM, JACK  
Address: 1529 MAPLE LEAF LN.  
City-St-Zip: ORANGE PARK, FL 32003

Title: SD ( ) Change (X) Addition  
Name: JOHNSON, BETTY  
Address: 1614 RIVER BREEZE DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Change (X) Addition  
Name: BEAULIEU, BERNIE  
Address: 1540 MAPLE LEAF LN  
City-St-Zip: ORANGE PARK, FL 32003

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: JOANNE MCDONNELL

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date