

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001401

FILED
May 14, 2005
Secretary of State

Entity Name: RIVER LANDINGS CENTRE ASSOCIATION, INC.

Current Principal Place of Business:

6040 SR 70
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 257
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 65-0680525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOWLES, VIRGINIA
1218 DENARVAEZ AVE
BRADENTON, FL 34209 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: BADEN, CHRISTOPHER
Address: 316 20TH STREET WEST
City-St-Zip: BRADENTON, FL

Title: VD () Delete
Name: BADEN, H. RAY
Address: 38820 TAYLOR RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: STD () Delete
Name: KNOWLES, VIRGINIA
Address: 1218 DENARVAEZ AVE
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA KNOWLES

STD

05/14/2005

Electronic Signature of Signing Officer or Director

Date