

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003066

FILED
Jan 13, 2004
Secretary of State**Entity Name:** THE RIVERS BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904 US**New Principal Place of Business:****Current Mailing Address:**1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904 US**New Mailing Address:****FEI Number:** 65-0652219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LYNN, KIRBY
1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904 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: KIRBY, LYNN A
Address: 1406 SW 46TH LANE #4
City-St-Zip: CAPE CORAL, FL 33904**Title:** D () Delete
Name: KIRBY, LARRY
Address: 1406 SE 46TH LANE #4
City-St-Zip: CAPE CORAL, FL 33904**Title:** VSD () Delete
Name: KIRBY, BRIAN R
Address: 1406 SE 46TH LANE #4
City-St-Zip: CAPE CORAL, FL 33904**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: LYNN A KIRBY

PD

01/13/2004

Electronic Signature of Signing Officer or Director_____
Date