


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/7/2008-90043-030-\$61.25-\$61.25

FILED

08 APR -1 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N95000004547</b> 1. Entity Name RIVENDELL COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business LIGHTHOUSE PROPERTY MGMT 76 CHURCH ST VENICE, FL 34293 US	Mailing Address LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST VENICE, FL 34293 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State	City & State	
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Zip	Country	Zip	Country	
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01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0678754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LOBECK, DAN ATT. LAW OFFICES OF LOBECK AND HANSON, P.A. 2033 MAIN STREET, SUITE 403 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name <b>KEN HECKERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>808 PLACID LAKE DRIVE</b> City <b>OSPREY</b> FL Zip Code <b>34229</b>
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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 *Ken Heckert* \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ADLER, MARK 714 SHADOW BAY WAY OSPREY, FL 34229	TITLE	PRESIDENT ELLIE HARTLE 1084 MALLARD MARSH DR. OSPREY, FL 34229
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S BERGMAN, MIKE 669 RIVERDELL BLVD OSPREY, FL 34229	TITLE	VP DAVID GILL 774 SHADOW BAYWAY OSPREY, FL 34229
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T GILLILAND, BOB 701 FORDING BRIDGE WAY OSPREY, FL 34229	TITLE	SEC TOM SHOLA 1016 SHREEK WAY OSPREY, FL 34229
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D SEARS, DAVID 851 PLACID LAKE DRIVE OSPREY, FL 34229	TITLE	Board Member & Large TERRY LEOPOLD 696 STILLWATER
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<del>TR</del> HECKERT, KEN 808 PLACID LAKE DRIVE OSPREY, FL 34229	TITLE	<i>As of 3/4</i>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath. I am the 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: *Ken Heckert* \_\_\_\_\_ Date 3/4/2008 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR