## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004547

City-St-Zip:

OSPREY, FL 34229 US

Entity Name: RIVENDELL COMMUNITY ASSOCIATION, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST VENICE, FL 34293 US				LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST OSPREY, FL 34229 US		
LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST VENICE, FL 34293 US				LIGHTHOUSE PROPERTY MGMT		
				16 CHURCH ST OSPREY, FL 34229 US		US
FEI Number: 65-0678754 FEI Number Applied For ( ) FEI Number				nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HECKERT, KEN 808 PLACID LAKE DRIVE OSPREY, FL 34229 US				GILL, DAVID 774 SHADOW BAY WAY OSPREY, FL 34229 US		
	named entity e of Florida.	submits this statement for the pu	ırpose of	f changing it	ts registere	ed office or registered agent, or both,
SIGNATURE: DAVID GILL				02/18/2009		
	Electro	nic Signature of Registered Ager	nt			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( HARTLE, ELLI 1084 MALLAR OSPREY, FL	D MARSH DR		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	V ( GILL, DAVID 774 SHADOW OSPREY, FL			Title: Name: Address: City-St-Zip:	V SEFACK, J 1056 SCHE OSPREY, F	
Title: Name: Address: City-St-Zip:	S ( SHOLA, TOM 1016 SHEREF OSPREY, FL			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition LL DW SWEET CIRCLE FL 34229 US
Title: Name: Address: City-St-Zip:	OML ( LEOPOLD, TE 696 STILLWA' OSPREY, FL	ΓER		Title: Name: Address: City-St-Zip:		(X) Change()Addition RALF DELL BLVD FL 34229 US
Title: Name: Address:	TR ( ) Delete HECKERT, KEN : 808 PLACID LAKE DRIVE			Title: Name: Address:	TR (X) Change ( ) Addition GILL, DAVID 774 SHADOW BAY WAY	

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.

City-St-Zip:

OSPREY, FL 34229 US

SIGNATURE: KYANNE MERRILL MNGR 02/18/2009