


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90004 050 \*\*\*61.25

<b>DOCUMENT # N96000000362</b>	
1. Entity Name <b>RIVERVIEW OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>234 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407</b>	Mailing Address <b>234 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407</b>
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**54065601**



2. Principal Place of Business <b>4034 Creekmont Dr</b>	3. Mailing Address <b>4034 Creekmont Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07262004 Chg-NP CR2E037 (10/03)

Blairsville, GA		Blairsville, GA		4. Filer Number <b>59-3525832</b>	Applied For Not Applicable
Zip <b>30512</b>	Country <b>Union</b>	Zip <b>30512</b>	Country <b>Union</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WALLER, MARY 4820 BOND ROAD 234 WOODLAWN PANAMA CITY BEACH, FL 32407</b>		7. Name and Address of New Registered Agent Name <b>MARY WALLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4034 Creekmont Dr. 30512</b> <b>Blairsville, GA or 234 Woodlawn Dr</b> City <b>PANAMA CITY BEACH</b> FL Zip Code <b>30512</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, HENRIETTA 234 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407 <i>Deceased</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, BLANCHE 6501 CAUSEWAY PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, GAIL 234 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLER, MARY 4820 BOND ROAD BLAIRSVILLE, GA 30512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Waller MARY WALLER 7-28-04 706-781-6592  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54065601

# N96000000362

**To receive the form by mail:**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # N96000000362

RIVERVIEW OWNERS' ASSOCIATION, INC.  
234 WOODLAWN DRIVE  
PANAMA CITY BEACH FL 32407-5451

**Mail Report to:**

MARY Wailer  
4034 Creekmoat Dr  
Blairsville, GA  
30512



CR2E095 4/04