

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000913

FILED
Apr 26, 2007
Secretary of State

Entity Name: RIVER BLUFFS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1410 BETTON RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1410 BETTON RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSLEY, DAN
1410 BETTON RD.
TALLAHASSEE, FL 32308 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: PTD () Delete
Name: AUSLEY, DAN
Address: 1410 BETTON RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VSD () Delete
Name: AUSLEY, KELLEY
Address: 1410 BETTON RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: AUSLEY, MARGARET
Address: 227 S. CALHOUN ST.
City-St-Zip: TALLAHASSEE, FL 32301

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 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.

SIGNATURE: DAN AUSLEY

PTD

04/26/2007

Electronic Signature of Signing Officer or Director

Date