


**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N96000001384</b> 1. Entity Name <b>RIVENDELL UNIT 1 NEIGHBORHOOD ASSOCIATION, INC.</b>	
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Principal Place of Business <b>591 MEADOW SWEET CIR OSPREY, FL 34229</b>	Mailing Address <b>591 MEADOW SWEET CIR OSPREY, FL 34229</b>
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05142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0653288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RIVENDEZZ UNIT 1 C/O 591 MEADOW SWEET CIR OSPREY, FL 34229</b>	<b>DO NOT WRITE IN THIS SPACE</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 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAW, WILLIAM 589 MEADOW SWEET CIR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYLES, CAROLE 575 MEADOW SWEET CIR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AXSION, ROBERT 574 MEADOW SWEET CIR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LETTICH, JANE 494 MEADOW SWEET CIR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWLER, JOHN 520 MEADOW SWEET CIR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000951669  
06/04/08-80045-002 \$1.25

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; 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

*[Signature]* 5/1/08 041-321-2370