

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003531

1. Entity Name
CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.



Principal Place of Business
18721 SW 108 STREET
DUNNELLON, FL 34432

Mailing Address
P O BOX 817
DUNNELLON, FL 34430

DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0685545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEREDA, SHIRLEY
18860 SW 110 PL
DUNNELLON, FL 34432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEREDA, SHIRLEY
STREET ADDRESS	18860 SW 110 PLACE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	VP
NAME	REISEN, HARRY
STREET ADDRESS	10943 129TH TERR
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	S
NAME	FISHER, CARMEN
STREET ADDRESS	18721 SW 108TH ST.
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	T
NAME	BURKS, GRACE
STREET ADDRESS	11190 SW 186 CIRCLE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	REISEN, HARRY
STREET ADDRESS	10943 189 TERRACE
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	HEGEDUS, JAMES
STREET ADDRESS	10971 SW 189 TERRACE
CITY-ST-ZIP	DUNNELLON, FL

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05/08/07-80003-001 61.25

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grace Burks GRACE BURKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

352-489-2580

Daytime Phone #