

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000486

FILED
Feb 08, 2006
Secretary of State

Entity Name: RIO VILLA, UNIT V, HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RIO VILLA V HOA
PO BOX 33044
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

RIO VILLA V HOA
PO BOX 33044
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3438458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDELLI, WANDA
404 RIO VILLA BLVD
INDIALANTIC, FL 32903 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: PD () Delete
Name: CORDELLI, WANDA
Address: 404 RIO VILLA BLVD
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: BLACKWOOD, ROB
Address: 412 RIO VILLA BLVD
City-St-Zip: INDIALANTIC, FL 32903

Title: TD () Delete
Name: DEJONG, GRETCHEN B
Address: 405 RIO VILLA BLVD
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: MARTIN, WENDY
Address: 340 RIO VILLA BLVD
City-St-Zip: INDIALANTIC, FL 32903

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WANDA CORDELLI

PD

02/08/2006

Electronic Signature of Signing Officer or Director

_____ Date