

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90023 049 ****61.25

DOCUMENT # N97000001350					
1. Entity Name RIVERGLEN PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4400 NW 36 AVE GAINESVILLE, FL 32606			Mailing Address 4400 NW 36 AVE GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Gainesville FL		City & State Gainesville FL			
Zip 32607		Country USA		Zip 32607	
Country USA		4. FEI Number 59-3433858			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36 AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name: Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable): 500 NW 43rd Street Suite 3 City: Gainesville FL Zip Code: 32607		
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:				DATE: 4-18-08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME CHESONIS, MATT		TITLE P	NAME Bob Barnas	
STREET ADDRESS 20478 NW 254TH WAY	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS 20147 NW 257th Terrace	CITY-ST-ZIP High Springs FL 32643	
TITLE DT	NAME RODER, CHUCK		TITLE VP	NAME Marion Clewell	
STREET ADDRESS 20526 NW 254TH WAY	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS 20060 NW 258th Drive	CITY-ST-ZIP High Springs FL 32643	
TITLE D	NAME PINNEY, CRAIG		TITLE T	NAME Robin Lillard	
STREET ADDRESS 20431 NW 254 WAY	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS 20052 NW 257th Ter.	CITY-ST-ZIP High Springs FL 32643	
TITLE S	NAME HALL, PEGGY		TITLE D	NAME Greg Marshall	
STREET ADDRESS 20075 NW 258 DR	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS 20474 NW 257th Terrace	CITY-ST-ZIP High Springs FL 32643	
TITLE D	NAME KELSEL, KIETH		TITLE (blank)	NAME (blank)	
STREET ADDRESS 20305 NW 254 WAY	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS (blank)	CITY-ST-ZIP (blank)	
TITLE DS	NAME CLARK, JOY		TITLE (blank)	NAME (blank)	
STREET ADDRESS 20523 NW 257 TERR	CITY-ST-ZIP HIGH SPRINGS, FL 32643		STREET ADDRESS (blank)	CITY-ST-ZIP (blank)	
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:			DATE: 4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 352-538-7355		