

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001350

FILED
Apr 07, 2009
Secretary of State

Entity Name: RIVERGLEN PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3433858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONERSTONE PROP SOLUTIONS OF N. CENT FL.
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 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: D () Delete
Name: CHESONIS, MATT
Address: 20478 NW 254TH WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP () Delete
Name: CLEWETT, MARION
Address: 20060 NW 258TH DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DP () Delete
Name: PINNEY, CRAIG
Address: 20431 NW 254 WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: HALL, PEGGY
Address: 20075 NW 258 DR
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T () Delete
Name: LILLARD, ROBIN
Address: 20052 NW 257TH TER.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: MARSHALL, GREG
Address: 20474 NW 25TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHESNOIS, MATT
Address: 20431 NW 254TH WAY
City-St-Zip: HIGH SPRINGS, FL 32643

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

Title: DP (X) Change () Addition
Name: BARBAS, BOB
Address: 20147 NW 257TH TERRAACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Change () Addition
Name: HULL, PEGGY
Address: 20075 NW 258 DR
City-St-Zip: HIGH SPRINGS, FL 32643

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: BOB BARNAS

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date