

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001714

1. Entity Name

RIVERWOODS PROPERTY ASSOCIATION INC.



Principal Place of Business

2910 N SHOREVIEW PLACE  
TAMPA, FL 33602

Mailing Address

2910 N SHOREVIEW PLACE  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

08162004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-ROEL, JULIO  
2910 N SHOREVIEW PLACE  
TAMPA, FL 33602

**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 Julio Gonzalez-Roel

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GONZALEZ-ROEL, JULIO  
STREET ADDRESS 2910 N SHOREVIEW PLACE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VD  
NAME HEISER, STEVE  
STREET ADDRESS 2902 N SHOREVIEW PLACE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE D  
NAME STAFFORD, ROBERT  
STREET ADDRESS 2908 N SHOREVIEW PLACE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000170439  
08/19/04-80004-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04

Date

813-276-2827

Daytime Phone #