

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (5/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. PD OFFICERS AND DIRECTORS

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000375729
CITY- ST- ZIP 08/05/05-80008-009 61.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

8-1-05