## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N99000002374

TI FILED
Sep 25, 2009
Secretary of State

Entity Name: RIVERMILL HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6750 RIVERMILL CLUB DR LAKE WORTH, FL 334637427 US **Current Mailing Address: New Mailing Address:** 2328 S CONGRESS AVENUE SUITE 1C WEST PALM BEACH, FL 33406 US FEI Number: 65-0993896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILLEY & WYANT-CORTEZ PA 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUIZ. ABEL Name: Name: 5245 RIVERMILL LANE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: PERRY, DANIELLE Name: PARSLEY, JASON Address: 5285 PINE MEADOW ROAD Address: 6808 WILLOW CREEK RUN City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: LAKE WORTH, FL 33463 Title: SEC () Delete Title: () Change () Addition CANNUSCIO, GRAZIELLA Name: Name: Address: 5390 RIVERMILL LANE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: DIR ( ) Change (X) Addition MORRISON, LYNNE Name: Name: Address: Address: 6941 MILL BROOK PLACE City-St-Zip: City-St-Zip: LAKE WORTH, FL 33463

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: ABEL RUIZ PD 09/25/2009