FILED ANNUAL REPORT

2008 NOT-FOR-PROFIT CORPORATION Feb 25, 2008 8:00 am Secretary of State DOCUMENT # N99000003205

1. Entity Nam RIVERSI	DE CLUB H	OMEOWNE	RS ASSOC	CIATION, INC					02-2	25-2008 90	0053 03	8 ****61	25
ONE PIER DR PO BO				ng Address BOX 7932 I CITY, FL 33570			4003	148	7 .				
2. Principal P	lace of Business	s - No P.O. Box #	3. Mail	ing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01292008	3 Chg	-NP	CR2E0	37 (12/06)		
City & State			Cit	City & State				4. FEI Number Applied For 65-0963344 Not Applicable					
Zip	ip Country		Zip	Zip Co		Country		5. Certifica	te of State	us Desired		\$8.75 Add Fee Require	
	6. Name an	d Address of Cu	ment Registere	d Agent	<u>' </u>	NI			nd Addre	ss of New Re	egistered	Agent	
LYNCH, AI 1917 BAYO RUSKIN, F	OU DR. N						ddress (P.O. Box Num	iber is No				
					-	City	Δ .	BAYD	u D	RIVE	<i>300</i> FL	Zip Cod	570
	named entity su tions of registere		ent for the purp	ose of changing its	registere	d office o			ooth, in th	e State of Flo	rida. I am		
SIGNATURE	Jan	ces Pr	Krae	ese -	· 9/	Leace Accept storm	leuf	2 when reinstating)			118/	08	
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	Eiling Fee i Due by May	y 1, 2008	ID DIEFOTOR	9. Election Car Trust Fund (Contribution	-		Added to Fed	es	Flori	da Depa	rtment of S	tate
10.	_	y 1, 2008	ID DIRECTORS	Trust Fund (on.	10	Added to Fed ADDITIONS/C	CHANGES	Flori TO OFFICER	da Depa	rtment of S	tate
10. TITLE NAME	Due by May	y 1, 2008	ID DIRECTORS		11. TITLE NAME	on.	P	Added to Fed ADDITIONS/O	CHANGES	Flori TO OFFICER FS P.	da Depa	rtment of S	tate
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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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE Mayon &. CHOSTER SHARON E. ATWATER	2/19/08	813-645-3083