

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90030 040 ****61.25

DOCUMENT # N99000003492 1. Entity Name RIVERWOOD NEIGHBORHOOD COUNCIL, INC.			
Principal Place of Business 13817 LONG LAKE LANE PORT CHARLOTTE, FL 33953		Mailing Address 13817 LONG LAKE LANE PORT CHARLOTTE, FL 33953	
2. Principal Place of Business - No P.O. Box # 4250 RIVERWOOD DRIVE Suite, Apt. #, etc.		3. Mailing Address 4250 RIVERWOOD DRIVE Suite, Apt. #, etc.	
City & State PORT CHARLOTTE Zip 33953 Country CHARLOTTE		City & State PORT CHARLOTTE Zip 33953 Country CHARLOTTE	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SRALY, ED 13817 LONG LAKE LANE PORT CHARLOTTE, FL 33953		7. Name and Address of New Registered Agent Name RICK LEGARE Street Address (P.O. Box Number is Not Acceptable) 4250 RIVERWOOD DRIVE City PORT CHARLOTTE FL Zip Code 33953	
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 <u>RICHARD LEGARE, RCA MGR</u> (NOTE: Registered Agent signature required when registering) DATE			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME SEALY, ED STREET ADDRESS 13817 LONG LAKE LANE CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE P NAME HUGH G. VALLEY STREET ADDRESS 3381 BAY RIDGE WAY CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME POWERS, HALLIE STREET ADDRESS 14252 RESERVE COURT CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE VP NAME JOHN F. STANLEY STREET ADDRESS 13372 GOLF WOODS DR CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BEACHMAN, CHUCK STREET ADDRESS 3267 VILLAGE LANE CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE T NAME RICHARD GORDLEY STREET ADDRESS 4409 HAWKS POINT DRIVE CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John F. Stanley V.P.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/10/07 Daytime Phone # 941-629-8107	