

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000088656

1. Entity Name
RIVER VISTA PROPERTY MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:00

Principal Place of Business
1104 SE WESTCHESTER DRIVE
PORT ST LUCIE, FL 34952

Mailing Address
1104 SE WESTCHESTER DRIVE
PORT ST LUCIE, FL 34952



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041528

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent:

LAMPLOUGH, JUNE E
969-S FEDERAL HWY-STE-400
STUART, FL 34994

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALMEIDA, MARILENE
STREET ADDRESS 1104 SE WESTCHESTER DRIVE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

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100030468191
03/15/04-01043-002 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *June E. Lamlough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.09.2004

Date Daytime Phone #