

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P28791

1. Entity Name
RDV PROPERTIES, INC.



Principal Place of Business
126 OTTAWA NW
SUITE 500
GRAND RAPIDS, MI 49503 US

Mailing Address
500 PENN PLAZA BLDG.
126 OTTAWA NW
GRAND RAPIDS, MI 49503 US



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1294087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DEVOS, RICHARD M. 1840 S. OCEAN BLVD MANALAPAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOS, HELEN J. 1840 S. OCEAN BLVD MANALAPAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TUBERGEN, JERRY L. 126 OTTAWA AVE NW, #500 GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOER, WILLIAM J 126 OTTAWA NW SUITE 500 GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIERBEEK, ROBERT H. 126 OTTAWA NW SUITE 500 GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/16/04-800004-005 150.00

**DO NOT WRITE
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04

Date

616-454-4114

Daytime Phone #