

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 032 ***150.00

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1. Entity Name
RIVER GROVE MOBILE HOME VILLAGE, INC.



Principal Place of Business
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976

Mailing Address
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976

Micco

Micco



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397693
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNIE E. DOUGLAS
8440 HIGHWAY U.S. 1
SEBASTIAN, FL 32976

Micco

**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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$250.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOUGLAS, MICHAEL
STREET ADDRESS	8440 HIGHWAY U.S. 1
CITY-ST-ZIP	SEBASTIAN, FL 32976 <i>Micco</i>
TITLE	D
NAME	DOUGLAS, BONNIE
STREET ADDRESS	8440 HIGHWAY U.S. 1
CITY-ST-ZIP	SEBASTIAN, FL 32976
TITLE	<i>Micco</i>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

Bonnie E. Douglas **Bonnie E. Douglas** *4-17-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772 464 4560