

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08050

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC9765785157**

**Entity Name:** RIVERVIEW MOBILE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5370 S CHEROKEE WAY  
HOMOSASSA, FL 34448

**Current Mailing Address:**

P.O. BOX 334  
HOMOSASSA, FL 34487 US

**FEI Number: 59-3074985**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT CITRUS COUNTY, LLC  
5370 S. CHEROKEE WAY  
HOMOSASSA, FL 34448 US

*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.*

**SIGNATURE: ROBERTA ANDERSON**

**01/27/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WATSON, ED  
Address 11589 W CLEARWATER CT  
City-State-Zip: HOMOSASSA FL 34448

Title VP  
Name MILLS, RICK  
Address 11608 W CLEARWATER CT  
City-State-Zip: HOMOSASSA FL 34448

Title S  
Name BRANNON, OMA LOU  
Address 11611 W. BRIGHTWATER CT  
City-State-Zip: HOMOSASSA FL 34448

Title D  
Name ED, SERPAS  
Address 11579 W CLEARWATER CT  
City-State-Zip: HOMOSASSA FL 34448

Title D  
Name SEDAM, WALLY  
Address 11674 W BRIGHTWATER CT  
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR  
Name YENT, RHONDA  
Address 11616 CLEARWATER CT  
City-State-Zip: HOMOSASSA FL 34448

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ED WATSON**

**PRESIDENT**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date