

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08050

FILED
May 18, 2020
Secretary of State
6885018822CC

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

05/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
Name MACE, DON
Address 11639 W CLEARWATER CT
City-State-Zip: HOMOSASSA FL 34448

Title VP
Name BRACKEN, ROBERT
Address 11731 W BRIGHTWATER CT
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name LAMBERT, HAROLD
Address 11648 W CLEARWATER CT
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name SMILEY, DELITA
Address 11662 W BRIGHTWATER 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: DON MACE

PRES

05/18/2020

Electronic Signature of Signing Officer/Director Detail

Date