2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2020
Secretary of State
5886134581CC

DOCUMENT# N39368

Entity Name: RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34952

Current Mailing Address:

1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34986 US

FEI Number: 59-3033883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLSON, DAVID JON SECRETARY
1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34986 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: DAVID JON CARLSON 02/23/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	MANNING, MARILYN	Name	RENNA, CECILE
Address	1193 SE PORT ST LUCIE BLVD PMB #188	Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 34952
Title	TREASURER	Title	SECRETARY
Name	WEST, DARLENE	Name	CARLSON, DAVID
Address	1193 SE PORT ST LUCIE BLVD PMB #188	Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 34952
Title	DIRECTOR		
Name	PARRISH, PAM		
Address	1193 SE PORT ST LUCIE BLVD PMB #188		
City-State-Zip:	PORT ST LUCIE FL 34952		

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: DAVID J CARLSON SECRETARY 02/23/2020

Electronic Signature of Signing Officer/Director Detail — Date